

### **Asian American Commission Technical Correction I**

1 SECTION 4. Section 67 of chapter 3 of the General Laws, inserted by section 2 of chapter 258 of  
2 the acts of 2006, is hereby amended by striking out subsection (a) and inserting in place thereof the  
3 following subsection:-

4 (a) There shall be a permanent commission on the status of citizens of Asian descent consisting of  
5 21 persons as follows: 3 persons appointed by the governor; 3 persons appointed by the speaker of the  
6 house of representatives; 3 persons appointed by the president of the senate; 3 persons appointed by the  
7 state treasurer; 3 persons appointed by the state secretary; 3 person appointed by the state auditor; and 3  
8 persons appointed by the attorney general. Members of the commission shall be drawn from citizens of the  
9 commonwealth who have demonstrated a commitment to the Asian-American community. Members shall  
10 be subject to the provisions of chapter 268A as they apply to special state employees.

### **E911 Surcharge Date Extension I**

1 SECTION 5. Section 18H1/2 of chapter 6A of the General Laws, as appearing in the 2004 Official  
2 Edition, is hereby amended by striking out, in line 4, the words "December 31, 2007" and inserting in place  
3 thereof the following words:- June 30, 2008.

### **Natural Heritage and Endangered Species Mitigation Funds I**

1 SECTION 6. Section 35D of chapter 10 of the General Laws, as so appearing, is hereby amended  
2 by striking out, in line 10, the word "or".

### **Natural Heritage and Endangered Species Mitigation Funds II**

1 SECTION 7. Said section 35D of said chapter 10, as so appearing, is hereby further amended by  
2 inserting after the word "there under", in line 13, the following words:- ; and, (5) fees and mitigation funds  
3 received under chapter 131A.

### **Soldiers' Homes Trust Fund**

1 SECTION 8. Said chapter 10 is hereby amended by inserting after section 35CC the following new  
2 section:-

3 Section 35DD. There shall be established and set up on the books of the commonwealth a separate  
4 fund to be known as the Soldiers' Home Trust Fund. There shall be credited to this fund revenues received  
5 from the sale of "VETERAN" distinctive registration plates issued under section 2 of chapter 90. Sixty per  
6 cent of amounts credited to the fund shall be available for expenditure by the Soldiers' Home in Chelsea,  
7 and 40 per cent shall be available for expenditure by the Soldiers' Home in Holyoke. Amounts credited to  
8 this fund shall be used by the soldiers' homes for facility maintenance and patient care, including personnel  
9 cost. Any unexpended balance of the fund shall not revert and shall be available for expenditure in the  
10 subsequent fiscal year.

### **Commonwealth Covenant STEM Career Incentive Loan Repayment Program**

1 SECTION 9. Said chapter 10 is hereby amended by inserting after section 35DD the following new  
2 section:-

3 Section 35EE. (a) There shall be established and set up on the books of the commonwealth a  
4 separate trust fund to be known as the Commonwealth Covenant Fund, the purpose of which is to make  
5 loan payments on behalf of graduates of Massachusetts public institutions of higher education who are  
6 employed in the areas of science, technology, engineering and mathematics (STEM). The fund shall be  
7 administered by the treasurer in consultation with the Commonwealth Covenant Board of Trustees, as  
8 established in this section. All monies deposited into the fund shall be expended exclusively for the  
9 purpose set forth in this section. No expenditure from the fund shall cause the fund to be in deficiency at  
10 the close of a fiscal year. Monies deposited in the trust fund that are unexpended at the end of the fiscal  
11 year shall not revert to the General Fund and shall be available for expenditure in the subsequent fiscal  
12 year.

13 (b) There shall be established the Commonwealth Covenant Board of Trustees. The board shall  
14 make grants from funds received according to this section. The board shall be administered by the  
15 treasurer of the commonwealth, who shall also serve as the chairperson of the board. The board shall  
16 consist of 1 member to be appointed by the senate president, 1 member to be appointed by the speaker of  
17 the house of representatives, 1 member to be appointed by the minority leader of the senate, 1 member to  
18 be appointed by the minority leader of the house of representatives, the president of the university of  
19 Massachusetts, and 12 members to be appointed by the treasurer of the commonwealth. Appointments  
20 made by the treasurer shall include at least 1 representative from each of the following fields:- bio-  
21 technology; healthcare; computers and mathematics; life, physical and social sciences; architecture and  
22 engineering; principals of public high schools in the commonwealth; and presidents of public state colleges  
23 in the commonwealth. Under the chairperson's direction, one third of the board members shall be  
24 appointed for 1 year terms, one third shall be appointed for 2 year terms and the remaining third shall be  
25 appointed for 3 year terms. After the initial terms are served, all terms shall be for 3 years, and board  
26 members may be reappointed in perpetuity.

27 (c) Subject to appropriation, the commonwealth shall deposit no more than \$4,000,000 annually  
28 into the Commonwealth Covenant Fund. The fund may accept private contributions. Private contributions  
29 and commonwealth deposits to the fund may be expended without further appropriation only to make the  
30 loan payments and to administer the program on behalf of eligible graduates of Massachusetts public  
31 institutions of higher education. Eligible loans shall not include credit card loans or loans taken out by the  
32 eligible student's parent and/or guardian.

33 (d) The fund shall be administered by the treasurer of the commonwealth using procedures  
34 established by the Commonwealth Covenant Board of Trustees. The board shall file these procedures with  
35 the senate and house committees on ways and means, the joint committee on higher education and the  
36 secretary of administration and finance no later than 30 days after the board adopts the procedures. The  
37 board shall file any amendments to the procedures with the senate and house committees on ways and  
38 means, the joint committee on higher education and the secretary of administration and finance within 30  
39 days after the board adopts the amendments. The procedures shall include a method for the board of  
40 trustees to certify to the senate and house committees on ways and means, the joint committee on higher  
41 education and the secretary of administration and finance the actual amount received in private  
42 contributions to the fund in each fiscal year. The procedures shall also include safeguards for protecting  
43 the anonymity of donors who desire not to be identified.

44 (e) Grants provided from this fund shall, in addition to any restrictions adopted by the  
45 Commonwealth Covenant Board of Trustees, be restricted as follows:

- 46 (1) A recipient must have graduated from a public institution of higher education in  
47 Massachusetts on or after December 1, 2007 with a degree in a STEM field within 3  
48 years of reaching Junior year standing in the program selected at a 4-year institution. For  
49 the purposes of this section, eligible STEM fields shall include: healthcare practitioners  
50 and technical occupations; computer and mathematical occupations; life, physical and  
51 social sciences occupations; and architecture and engineering occupations. The eligible  
52 STEM fields shall also include teaching in any of the aforementioned areas.

- 53 (2) A recipient must have graduated from a public institution of higher education in  
54 Massachusetts with a cumulative grade point average of 3.0 or greater.
- 55 (3) A recipient's family income during the recipient's final year of enrollment at a public  
56 institution of higher education in Massachusetts as documented on the Free Application  
57 for Federal Student Aid form must have been at or below 300 per cent of the federal  
58 poverty level applicable in that year.
- 59 (4) A recipient must have completed at least 1 year of employment in a STEM field within  
60 the Commonwealth.
- 61 (5) A recipient must reside in the commonwealth.
- 62 (6) A recipient's annual salary may not exceed \$65,000 per year for a single filer and  
63 \$80,000 for joint filers.
- 64 (f) The grants shall be administered in an amount not to exceed \$5,000 annually for a recipient.  
65 Recipients shall be eligible for grant awards until the total amount of grants awarded to an individual  
66 recipient reaches a maximum of \$15,000. The grants shall be paid from the fund directly to the lender on  
67 behalf of the eligible graduate.
- 68 (g) The board of trustees shall, every 3 years, undertake a review of the eligibility requirements in  
69 subsection (f) as well as the workforce needs of the Commonwealth and determine which occupations  
70 could benefit from an award such as this, and which occupations, if any, no longer require this program.  
71 The board may amend the eligibility requirements and expand or contract the program in accordance with  
72 the changing workforce needs of the Commonwealth.

#### **Collection of Fraudulent Overpayments by DTA**

1 SECTION 10. The first paragraph of subsection (a) of section 30 of chapter 18 of the General Laws,  
2 as so appearing, is hereby amended by adding the following 2 sentences:- At the expiration of any period of  
3 probation or court supervision, the commissioner of probation shall provide the department with  
4 information regarding the amount of any uncollected balance of an overpayment obligation under the  
5 judgment or order of the court. The department may use any means provided by law to collect the balance  
6 under a judgment or order of a court, or to collect an overpayment obligation established by an  
7 administrative hearing decision of the department or by voluntary agreement.

#### **Job Growth Initiative I**

1 SECTION 11. Section 5C of chapter 29 of the General Laws, as so appearing, is hereby amended  
2 by striking out clauses (b) and (c) and inserting in place thereof the following 4 clauses:-

3 (b) if the amount remaining after the designations in clause (a) is \$50,000,000 or less, or if the  
4 balance in the Commonwealth Stabilization Fund at the close of the preceding fiscal year comprises less  
5 than 7.5 per cent of the budgeted revenues and other financial resources pertaining to the budgeted funds,  
6 as determined by the comptroller in the report required by subsection (a) of section 12 of chapter 7A, the  
7 entire remaining amount shall be transferred to the Commonwealth Stabilization Fund.

8 (c) if the amount remaining after the designations in clause (a) is at least \$125,000,000, the entire  
9 remaining amount shall be disposed of as follows:

10 (i) \$25,000,000 shall be transferred to the Massachusetts Life Sciences Investment Fund;

- 11 (ii) \$25,000,000 shall be transferred to the Emerging Technology Fund;
- 12 (iii) \$12,500,000 shall be transferred to the Affordable Housing Trust Fund;
- 13 (iv) \$12,500,000 shall be transferred to the Smart Growth Housing Trust Fund; and
- 14 (v) all other remaining amounts shall be transferred to the Commonwealth Stabilization Fund.
- 15 (d) if the amount remaining after the designations in clause (a) is greater than \$50,000,000, but less
- 16 than \$125,000,000, the entire remaining amount shall be disposed of as follows:
- 17 (i) \$50,000,000 shall be transferred to the Commonwealth Stabilization Fund;
- 18 (ii) one-third of the difference between \$50,000,000 and the entire remaining amount shall be
- 19 transferred to the Massachusetts Life Sciences Investment Fund;
- 20 (iii) one-third of the difference between \$50,000,000 and the entire remaining amount shall be
- 21 transferred to the Emerging Technology Fund;
- 22 (iv) one-sixth of the difference between \$50,000,000 and the entire remaining amount shall be
- 23 transferred to the Affordable Housing Trust Fund;
- 24 (v) one-sixth of the difference between \$50,000,000 and the entire remaining amount shall be
- 25 transferred to the Smart Growth Housing Trust Fund; and
- 26 (e) all transfers specified in this section shall be made from the undesignated fund balances in the
- 27 budgetary funds proportionally from the undesignated fund balances, provided that that no such transfer
- 28 shall cause a deficit in any of the funds.

#### **Repeal Health Care Quality Improvement Trust Fund**

- 1 SECTION 12. Section 2EEE of chapter 29 of the General Laws is hereby repealed.

#### **Repeal Health Care Security Trust Fund I**

- 1 SECTION 13. Chapter 29D of the General Laws is hereby repealed.

#### **Establishment of State Retiree Benefits Trust Fund**

- 1 SECTION 14. Chapter 32A of the General Laws is hereby amended by adding the following
- 2 section:-

- 3 Section 24. (a) There shall be a State Retiree Benefits Trust Fund, in this section called the fund, for
- 4 the purpose of depositing, investing and disbursing amounts set aside solely to meet liabilities of the state
- 5 retirement system for health care and other non-pension benefits for retired members of the system. The
- 6 trust shall be revocable only when all the benefits, current and future, under this chapter have been paid or
- 7 defeased.

- 8 (b) The PRIM board established by section 23 of chapter 32, in this section called the board, shall be
- 9 the trustee of and shall administer the fund, and for the purposes of this section the secretary of
- 10 administration and finance and the executive director of the group insurance commission, or their

designees, shall be members of the board. Except as otherwise provided in this section, said section 23 shall apply to the management of the fund.

(c) Ninety per cent of the monies received in any fiscal year as a result of any claim or action undertaken by the attorney general against a manufacturer of cigarettes to recover the amount of medical assistance provided pursuant to chapter 118E or any other claim or action undertaken by the attorney general against a manufacturer of cigarettes including, but not limited to, the action known as Commonwealth of Massachusetts v. Philip Morris, Inc., et al., Middlesex Superior Court, No. 95-7378, shall be deposited in the fund. The remaining 10 per cent of these monies shall be deposited in the General Fund.

(d) The board may expend amounts in the fund without further appropriation to pay the costs of health care and other non-pension benefits for retired members of the state retirement system, at the request of the group insurance commission.

(e) The group insurance commission shall remain responsible for administering the payment of and determining the terms, conditions, schedule of benefits, carriers and eligibility for health care and other non-pension benefits for retired members of the state retirement system.

(f) Any other retirement system of the commonwealth may participate in the fund, using the same procedures as participation in the PRIT Fund under section 22 of chapter 32, if the board decides to allow that participation.

#### **Date of ATB Decision for Purposes of Payment of Disputed Tax**

SECTION 15. The first paragraph of paragraph (3) of subsection (e) of section 32 of chapter 62C of the General Laws, as so appearing, is hereby amended by adding the following sentence:- For purposes of this paragraph, the date of a decision by the appellate tax board shall be determined without reference to any later issuance of finding of facts and report by the board or to any request for a finding of facts and report.

#### **Redistribution of Physician Licensing Cycle**

SECTION 16. Section 2 of chapter 112 of the General Laws, as so appearing, is hereby amended by striking out the sixth paragraph and inserting in place thereof the following paragraph:-

The board shall require that all physicians registered in the commonwealth renew their certificates of registration with the board at 2-year intervals. Effective in 2008, a physician born in an even-numbered year and registered in the commonwealth shall renew his certificate of registration with the board on his birthday in each succeeding even-numbered year, and a physician born in an odd-numbered year shall renew his certificate of registration with the board on his birthday in each succeeding odd-numbered year. A physician who renews his certificate of registration with the board in the year 2008 and who was born in an odd-numbered year shall renew his certificate of registration with the board on his birthday in the year 2011 if he pays a fee equal to one and a half times the fee determined for a 2-year renewal. A physician who renews his certificate of registration with the board in the year 2007 and who was born in an even-numbered year shall renew his certificate of registration with the board on his birthday in the year 2010 if he pays a fee equal to one and a half times the fee determined for a 2-year renewal. Nothing in this section shall prevent the board from specifying the duration of limited licenses at its discretion, but if the birthday of any physician who shall be registered under this section shall occur within 3 months after original registration, that person need not renew the registration until the person's birthday in the second year following that birthday. For the purposes of this section, the birthday of a person born on February 29 shall be considered to be February 28. The renewal application shall be accompanied by a fee determined under the previously mentioned section and shall include the physician's name, license number,

20 home address, office address, specialties, the principal setting of the physician's practice, and whether the  
21 person is an active or inactive practitioner.

### **MassHealth - Employer-Sponsored Insurance Right of Subrogation**

1 SECTION 17. Section 9A of chapter 118E of the General Laws, as amended by section 17 of  
2 chapter 324 of the acts of 2006, is hereby further amended by adding the following subsection:-

3 (16) The executive office of health and human services shall enroll MassHealth members in  
4 available employer-sponsored health insurance if that insurance meets the criteria for MassHealth payment  
5 of premium assistance, and if federal approval will be obtained to ensure federal reimbursement for  
6 premium assistance for that insurance.

### **Affordable Premiums for the Children's Medical Security Plan**

1 SECTION 18. Section 10F of said 118E of the General Laws, as so appearing, is hereby amended  
2 by striking out subsection (d) and inserting in place thereof the following subsection:-

3 (d) The cost of the program shall be funded in part by premiums contributed by enrollees. The  
4 premiums shall be set forth in regulations of the executive office of health and human services; but,  
5 enrollees in households earning less than 200 per cent of the federal poverty level shall not be responsible  
6 for contributing to program premium costs.

### **Codify MassHealth Essential**

1 SECTION 19. Said chapter 118E is hereby amended by inserting after section 10F, as so appearing,  
2 the following section:-

3 Section 10G. The executive office of health and human services shall administer a program of  
4 preventive and primary care for chronically unemployed persons who are not receiving unemployment  
5 insurance benefits, whom the office determines to be long-term unemployed. These persons shall meet the  
6 eligibility requirements in section 9A, but their income shall not exceed the federal poverty level. Persons  
7 who are employed intermittently or on a non-regular basis shall not be excluded. The office may restrict  
8 provision of care to persons under this program to certain providers, taking into account capacity,  
9 continuity of care, and geographic considerations. Persons eligible under subsection (7) of section 16D  
10 shall also be eligible to receive benefits under this program.

### **MassHealth - Third Party Liability to Satisfy Federal Law**

1 SECTION 20. Said chapter 118E is hereby further amended by striking out section 23, as amended  
2 by section 28 of chapter 58 of the acts of 2006, and inserting in place thereof the following section:-

3 Section 23. (a) As used in this section, health care insurer, health insurer and health insurance shall  
4 include, but not be limited to, any health insurance company, health maintenance organization, group or  
5 nongroup health plan, self-insured plan, service benefit plan, managed care organization, pharmacy benefit  
6 manager, or other public or private third party that is, by statute, contract, agreement, or arrangement  
7 legally responsible for payment of a claim for health care benefits.

8 (b) Notwithstanding any general or special law, rule or regulation to the contrary, the division shall  
9 be subrogated to the rights of any recipient of medical assistance under this chapter and may take any and  
10 all actions available to that recipient to secure benefits under any policy issued by any health care insurer

that is or may be liable to pay for health care benefits obtained by a recipient of medical assistance to the extent of any health care benefits provided by the division on behalf of the recipient or the recipient's dependents. A health care insurer shall reimburse the division for any health care benefits provided by the division on behalf of a recipient of medical assistance, and shall not reduce the amount of the total reimbursement by any division payment, but any part of the total that is a reimbursement for a division payment shall not exceed the amount actually paid by the division.

(c) A health care insurer shall not require written authorization from the recipient before honoring the division's rights under this section. A health insurer shall respond to any inquiry by the division about a claim for payment for any health care benefits and shall not deny any claim for payment for any health care benefits solely on the basis of the date of submission of the claim, the type of format for the claim form, or a failure to present proper documentation at the point of sale that is the basis of the claim, if the claim is submitted by the division within a 3-year period beginning on the date on which the service was furnished, and if any action by the division to enforce its rights with respect to a claim is filed within 6 years after the submission of the claim to the health insurer.

(d) A recipient of medical assistance or any person legally obligated to support and have actual or legal custody of a recipient of medical assistance shall inform the division of any health insurance available to that recipient upon initial application and redetermination for eligibility for assistance and shall make known the nature and extent of any health insurance coverage to any person or institution that provides medical benefits to the recipient or his or her dependent.

(e) A health care insurer shall not take into account that an individual is eligible for or is receiving benefits from the division when enrolling an individual or issuing a policy or agreement covering the individual, or administering or renewing a policy or agreement, or when making any payment for health care benefits to the individual or on behalf of the individual; nor shall any policy or agreement issued, administered, or renewed by a health care insurer contain any provision denying or reducing health care benefits to an individual who is eligible for or is receiving benefits from the division.

(f) A provider of medical assistance under this chapter shall determine whether any recipient for whom it provides medical care or services which are or may be eligible for reimbursement under this chapter is a subscriber or beneficiary of a health insurance plan. The division is the payor of last resort, and accordingly a provider shall request payment for medical care or services it provides from a health insurer which is or may be liable for the medical care or services so provided, before payment is requested from the division.

(g) Payment by the division under the medical assistance programs established by this chapter shall constitute payment in full. After receiving this payment, a provider may not recover from any health insurer an amount greater than the amount paid by the division for any service for which the division is to be the payor of last resort.

(h) Notwithstanding any general or special law or rule or regulation to the contrary, all holders of health insurance information, including, but not limited to, health insurers doing business in the commonwealth, all private and public entities who employ individuals in the commonwealth, and all agencies of the commonwealth, shall provide sufficient information to the division, or in the case of those agencies, shall make other arrangements mutually satisfactory to both agencies, to enable the division: (a) to identify whether any of the following persons are or could be beneficiaries under any policy of insurance in the commonwealth: (1) persons applying for or receiving medical assistance or benefits under this chapter or health services through an agency under the executive office of health and human services, (2) persons for whom hospitals and community health centers claim reimbursement payments from the Health Safety Net Fund, established by section 35 of chapter 118G; and (b) to determine the nature of the coverage that is or was provided, including cost, scope, terms, periods of coverage, and any identifying name, address or number of the policy of insurance. All public and private entities who employ individuals in the commonwealth shall provide, when requested by any employee applying for or receiving benefits provided by the division, written information to the employee describing the availability of health insurance, if any,

provided by or through the employer. The failure of an employer to provide an employee with the information shall not be grounds for denial of benefits by the division.

(i) The division may, after notice and opportunity for hearing, garnish the wages, salary, or other employment income of, and shall, with the assistance of the department of revenue under section 3 of chapter 62D, withhold amounts from state tax refunds to, any person who: (1) is required by court or administrative order to provide coverage of the costs of health services to a child who is eligible for medical assistance under this chapter; (2) has received payment from a third party for the costs of those services to the child; but, (3) has not used the payments to reimburse either the other parent or guardian of the child or the provider of the services, to the extent necessary to reimburse the division for expenditures for those costs.

### **MassHealth – Wellness Program**

SECTION 21. Section 54 of said chapter 118E, inserted by section 29 of said chapter 58, is hereby amended by striking out the second and third sentences and inserting in place thereof the following 2 sentences:- The executive office may reduce MassHealth premiums or copayments, or offer other incentives to encourage enrollees to comply with wellness goals. The executive office shall report annually to the joint committee on health care financing and the house and senate committees on ways and means on the number of enrollees who meet at least 1 wellness goal, any reduction of copayments or premiums, and any other incentives provided because enrollees met wellness goals.

### **Transfer of the Health Safety Net Office to HCFP I**

SECTION 22. Sections 55 to 60, inclusive, of said chapter 118E, inserted by section 30 of said chapter 58, are hereby repealed.

### **Hospital Assessments for HCFP and HSNO Administrative Funding**

SECTION 23. Section 5 of said chapter 118G, as amended by section 40 of chapter 58 of the acts of 2006, is hereby further amended by inserting after the second sentence the following sentence:- The assessed amount shall not be less than 65 percent of the total expenses appropriated for the division and the health safety net office.

### **Move Nursing Home Assessment to General Fund for MassHealth**

SECTION 24. Section 25 of said chapter 118G, as so appearing, is hereby amended by striking out, in lines 24 and 25, the words "Health Care Security Trust Fund established by chapter 29D" and inserting in place thereof the following words:- General Fund.

### **Transfer of the Health Safety Net Office to HCFP II**

SECTION 25. Said chapter 118G of the General Laws is hereby further amended by adding the following 6 sections:-

Section 34. As used in section 34 through section 39, inclusive, the following words shall, unless the context clearly requires otherwise, have the following meanings:-

"Acute hospital", the teaching hospital of the University of Massachusetts Medical School and any hospital licensed under section 51 of chapter 111 and which contains a majority of medical-surgical, pediatric, obstetric and maternity beds, as defined by the department of public health.



8 "Allowable reimbursement", payment to acute hospitals and community health centers for health  
9 services provided to uninsured patients of the commonwealth under section 39 and any further regulations  
10 promulgated by the office.

11 "Ambulatory surgical center", a distinct entity that operates exclusively for the purpose of providing  
12 surgical services to patients not requiring hospitalization and meets the requirements of the federal Health  
13 Care Financing Administration for participation in the Medicare program.

14 "Ambulatory surgical center services", services described for purposes of the Medicare program  
15 under 42 U.S.C. 1395k(a)(2)(F)(I). These services include facility services only and do not include surgical  
16 procedures.

17 "Bad debt", an account receivable based on services furnished to a patient which: (i) is regarded as  
18 uncollectible, following reasonable collection efforts consistent with regulations of the office, which  
19 regulations shall allow third party payers to negotiate with hospitals to collect the bad debts of its enrollees;  
20 (ii) is charged as a credit loss; (iii) is not the obligation of a governmental unit or the federal government or  
21 any agency thereof; and (iv) is not a reimbursable health care service.

22 "Community health center", a health center operating in conformance with the requirements of  
23 Section 330 of United States Public Law 95-626, including all community health centers which file cost  
24 reports as requested by the division of health care finance and policy.

25 "Critical access services", those health services which are generally provided only by acute  
26 hospitals, as further defined in regulations promulgated by the division.

27 "Director", the director of the health safety net office.

28 "DRG", a patient classification scheme known as diagnosis related grouping, which provides a  
29 means of relating the type of patients a hospital treats, such as its case mix, to the cost incurred by the  
30 hospital.

31 "Emergency bad debt", bad debt resulting from emergency services provided by an acute hospital to  
32 an uninsured or underinsured patient or other individual who has an emergency medical condition that is  
33 regarded as uncollectible, following reasonable collection efforts consistent with regulations of the office.

34 "Emergency medical condition", a medical condition, whether physical or mental, manifesting itself  
35 by symptoms of sufficient severity, including severe pain, that the absence of prompt medical attention  
36 could reasonably be expected by a prudent layperson who possesses an average knowledge of health and  
37 medicine to result in placing the health of the person or another person in serious jeopardy, serious  
38 impairment to body function or serious dysfunction of any body organ or part or, with respect to a pregnant  
39 woman, as further defined in section 1867(e)(1)(B) of the Social Security Act, 42 U.S.C. 1295dd(e)(1)(B).

40 "Emergency services", medically necessary health care services provided to an individual with an  
41 emergency medical condition.

42 "Financial requirements", a hospital's requirement for revenue which shall include, but not be  
43 limited to, reasonable operating, capital and working capital costs, and the reasonable costs associated with  
44 changes in medical practice and technology.

45 "Fund", the Health Safety Net Trust Fund established under section 36.

46 "Fund fiscal year", the 12-month period starting in October and ending in September.

47 "Gross patient service revenue", the total dollar amount of a hospital's charges for services rendered  
48 in a fiscal year.

“Health services”, medically necessary inpatient and outpatient services as mandated under Title XIX of the federal Social Security Act. Health services shall not include: (1) nonmedical services, such as social, educational and vocational services; (2) cosmetic surgery; (3) canceled or missed appointments; (4) telephone conversations and consultations; (5) court testimony; (6) research or the provision of experimental or unproven procedures including, but not limited to, treatment related to sex-reassignment surgery and pre-surgery hormone therapy; and (7) the provision of whole blood, but the administrative and processing costs associated with the provision of blood and its derivatives shall be payable.

“Office”, the health safety net office established under section 35.

“Payments subject to surcharge”, all amounts paid, directly or indirectly, by surcharge payors to acute hospitals for health services and ambulatory surgical centers for ambulatory surgical center services; provided, however, that “payments subject to surcharge” shall not include: (i) payments, settlements and judgments arising out of third party liability claims for bodily injury which are paid under the terms of property or casualty insurance policies; (ii) payments made on behalf of Medicaid recipients, Medicare beneficiaries or persons enrolled in policies issued under chapter 176K or similar policies issued on a group basis; and provided further, that “payments subject to surcharge” may exclude amounts established under regulations promulgated by the division for which the costs and efficiency of billing a surcharge payor or enforcing collection of the surcharge from a surcharge payor would not be cost effective.

“Pediatric hospital”, an acute care hospital which limits services primarily to children and which qualifies as exempt from the Medicare Prospective Payment system regulations.

“Pediatric specialty unit”, a pediatric unit of an acute care hospital in which the ratio of licensed pediatric beds to total licensed hospital beds as of July 1, 1994 exceeded 0.20. In calculating that ratio, licensed pediatric beds shall include the total of all pediatric service beds, and the total of all licensed hospital beds shall include the total of all licensed acute care hospital beds, consistent with Medicare’s acute care hospital reimbursement methodology as put forth in the Provider Reimbursement Manual Part 1, Section 2405.3G.

“Private sector charges”, gross patient service revenue attributable to all patients less gross patient service revenue attributable to Titles XVIII and XIX, other public-aided patients, reimbursable health services and bad debt.

“Reimbursable health services”, health services provided to uninsured and underinsured patients who are determined to be financially unable to pay for their care, in whole or part, under applicable regulations of the office; provided that the health services are emergency, urgent and critical access services provided by acute hospitals or services provided by community health centers; and provided further, that such services shall not be eligible for reimbursement by any other public or private third-party payer.

“Resident”, a person living in the commonwealth, as defined by the office by regulation; provided, however, that such regulation shall not define as a resident a person who moved into the commonwealth for the sole purpose of securing health insurance under this chapter. Confinement of a person in a nursing home, hospital or other medical institution shall not in and of itself, suffice to qualify such person as a resident.

“Surcharge payor”, an individual or entity that pays for or arranges for the purchase of health care services provided by acute hospitals and ambulatory surgical center services provided by ambulatory surgical centers, as defined in this section; provided, however, that the term “surcharge payor” shall not include Title XVIII and Title XIX programs and their beneficiaries or recipients, other governmental programs of public assistance and their beneficiaries or recipients and the workers’ compensation program established under chapter 152.

94 “Underinsured patient”, a patient whose health insurance plan or self-insurance health plan does not  
95 pay, in whole or in part, for health services that are eligible for reimbursement from the health safety net  
96 trust fund, provided that such patient meets income eligibility standards set by the office.

97 “Uninsured patient”, a patient who is a resident of the commonwealth, who is not covered by a  
98 health insurance plan or a self-insurance health plan and who is not eligible for a medical assistance  
99 program.

100 Section 35. (a) There shall be established within the division of health care finance and policy a  
101 health safety net office which shall be under the supervision and control of a director. The director shall be  
102 appointed by the commissioner, in consultation with the secretary of health and human services and the  
103 Medicaid director, and shall have such educational qualifications and administrative and other experience  
104 as the commissioner and the secretary determine to be necessary for the performance of the duties of  
105 director, including, but not limited to, experience in the field of health care financial administration.

106 (b) The office shall have the following powers and duties:-

107 (i) to administer the Health Safety Net Trust Fund, established under section 36, and to require  
108 payments to the fund consistent with acute hospitals' and surcharge payors' liability to the fund, as  
109 determined under sections 37 and 38, and any further regulations promulgated by the office;

110 (ii) to set, after consultation with the office of Medicaid, reimbursement rates for payments from the  
111 fund to acute hospitals and community health centers for reimbursable health services provided to  
112 uninsured and underinsured patients and to disburse monies from the fund consistent with such rates;  
113 provided that the office shall implement a fee-for-service reimbursement system for acute hospitals;

114 (iii) to promulgate regulations further defining: (a) eligibility criteria for reimbursable health  
115 services; (b) the scope of health services that are eligible for reimbursement by the Health Safety Net Trust  
116 Fund; (c) standards for medical hardship; and (d) standards for reasonable efforts to collect payments for  
117 the costs of emergency care. The office shall implement procedures for verification of eligibility using the  
118 eligibility system of the office of Medicaid and other appropriate sources to determine the eligibility of  
119 uninsured and underinsured patients for reimbursable health services and shall establish other procedures to  
120 ensure that payments from the fund are made for health services for which there is no other public or  
121 private third party payer, including disallowance of payments to acute hospitals and community health  
122 centers for health services provided to individuals if reimbursement is available from other public or private  
123 sources;

124 (iv) to develop programs and guidelines to encourage maximum enrollment of uninsured individuals  
125 who receive health services reimbursed by the fund into health care plans and programs of health insurance  
126 offered by public and private sources and to promote the delivery of care in the most appropriate setting,  
127 provided that the programs and guidelines are developed in consultation with the commonwealth health  
128 insurance connector, established under chapter 176Q. These programs shall not deny payments from the  
129 fund because services should have been provided in a more appropriate setting if the hospital was required  
130 to provided the services under 42 U.S.C. 1395 (dd);

131 (v) to conduct a utilization review program designed to monitor the appropriateness of services for  
132 which payments were made by the fund and to promote the delivery of care in the most appropriate setting;  
133 and to administer demonstration programs that reduce Health Safety Net Trust Fund liability to acute  
134 hospitals, including a demonstration program to enable disease management for patients with chronic  
135 diseases, substance abuse and psychiatric disorders through enrollment of patients in community health  
136 centers and community mental health centers and through coordination between these centers and acute  
137 hospitals, provided, that the office shall report the results of these reviews annually to the joint committee  
138 on health care financing and the house and senate committees on ways and means;

(vi) to administer, in consultation with the office of Medicaid, the Essential Community Provider Trust Fund, established under section 2PPP of chapter 29, and to make expenditures from that fund without further appropriation for the purpose of improving and enhancing the ability of acute hospitals and community health centers to serve populations in need more efficiently and effectively, including, but not limited to, the ability to provide community-based care, clinical support, care coordination services, disease management services, primary care services, and pharmacy management services through a grant program. The office shall consider applications from acute hospitals and community health centers in awarding the grants. The criteria for selection shall include, but not be limited to, the following: (a) the financial performance of the provider as determined, in the case of applications from acute hospitals, quarterly by the division of health care finance and policy and by consulting other appropriate measurements of financial performance; (b) the percentage of patients with mental or substance abuse disorders served by a provider; (c) the numbers of patients served by a provider who are chronically ill, elderly, or disabled; (d) the payer mix of the provider, with preference given to acute hospitals where a minimum of 63 per cent of the acute hospital's gross patient service revenue is attributable to Title XVIII and Title XIX of the federal Social Security Act or other governmental payors, including reimbursements from the Health Safety Net Trust Fund; (e) the percentage of total annual operating revenue that funding received in fiscal years 2005 and 2006 from the Distressed Provider Expendable Trust Fund comprised for the provider; and (f) the cultural and linguistic challenges presented by the populations served by the provider.

(vii) to enter into agreements or transactions with any federal, state or municipal agency or other public institution or with a private individual, partnership, firm, corporation, association or other entity, and to make contracts and execute all instruments necessary or convenient for the carrying on of its business;

(viii) to secure payment, without imposing undue hardship upon any individual, for unpaid bills owed to acute hospitals by individuals for health services that are ineligible for reimbursement from the Health Safety Net Trust Fund which have been accounted for as bad debt by the hospital and which are voluntarily referred by a hospital to the department for collection; provided, however that such unpaid charges shall be considered debts owed to the commonwealth and all payments received shall be credited to the fund; and provided, further, that all actions to secure such payments shall be conducted in compliance with a protocol previously submitted by the office to the joint committee on health care financing;

(ix) to require hospitals and community health centers to submit to the office data that it reasonably considers necessary;

(x) to make, amend and repeal rules and regulations to effectuate the efficient use of monies from the Health Safety Net Trust Fund; provided, however, that the regulations shall be promulgated only after notice and hearing and only upon consultation with the board of the commonwealth health insurance connector, the secretary of health and human services, the director of the office of Medicaid and representatives of the Massachusetts Hospital Association, the Massachusetts Council of Community Hospitals, the Alliance of Massachusetts Safety Net Hospitals and the Massachusetts League of Community Health Centers; and

(xi) to provide an annual report at the close of each fund fiscal year, in consultation with the office of Medicaid, to the joint committee on health care financing and the house and senate committees on ways and means, evaluating the processes used to determine eligibility for reimbursable health services, including the Virtual Gateway, so called. The report shall include, but not be limited to, the following: (a) an analysis of the effectiveness of these processes in enforcing eligibility requirements for publicly-funded health programs and in enrolling uninsured residents into programs of health insurance offered by public and private sources; (b) an assessment of the impact of these processes on the level of reimbursable health services by providers; and (c) recommendations for ongoing improvements that will enhance the performance of eligibility determination systems and reduce hospital administrative costs.

Section 36. (a) There shall be established and set up on the books of the commonwealth a fund to be known as the Health Safety Net Trust Fund, in this section and in sections 37 to 39, inclusive, called the fund, which shall be administered by the office. Expenditures from the fund shall not be subject to appropriation unless otherwise required by law. The purpose of the fund shall be to maintain a health care

189 safety net by reimbursing hospitals and community health centers for a portion of the cost of reimbursable  
190 health services provided to low-income, uninsured or underinsured residents of the commonwealth. The  
191 office shall administer the fund using such methods, policies, procedures, standards and criteria that it  
192 deems necessary for the proper and efficient operation of the fund and programs funded by it in a manner  
193 designed to distribute the fund resources as equitably as possible.

194 (b) The fund shall consist of all amounts paid by acute hospitals and surcharge payors under sections  
195 37 and 38; all appropriations for the purpose of payments to acute hospitals or community health centers  
196 for health services provided to uninsured and underinsured residents; any transfers from the  
197 Commonwealth Care Trust Fund, established under section 2000 of chapter 29; and all property and  
198 securities acquired by and through the use of monies belonging to the fund and all interest thereon.  
199 Amounts placed in the fund shall, except for amounts transferred to the Commonwealth Care Trust Fund,  
200 be expended by the office for payments to hospitals and community health centers for reimbursable health  
201 services provided to uninsured and underinsured residents of the commonwealth, consistent with the  
202 requirements of this section and section 39 and the regulations promulgated by the office; provided,  
203 however, that \$6,000,000 shall be expended annually from the fund for demonstration projects that use case  
204 management and other methods to reduce the liability of the fund to acute hospitals. Any annual balance  
205 remaining in the fund after these payments have been made shall be transferred to the Commonwealth Care  
206 Trust Fund. All interest earned on the amounts in the fund shall be deposited or retained in the fund. The  
207 director shall from time to time requisition from the fund amounts that he considers necessary to meet the  
208 current obligations of the office for the purposes of the fund and estimated obligations for a reasonable  
209 future period.

210 Section 37. (a) An acute hospital's liability to the fund shall equal the product of (1) the ratio of its  
211 private sector charges to all acute hospitals' private sector charges; and (2) \$160,000,000. Annually, prior  
212 to October 1, the office, in consultation with the office of Medicaid, shall establish each acute hospital's  
213 liability to the fund using the best data available, as determined by the division, and shall update each acute  
214 hospital's liability to the fund as updated information becomes available. The office shall specify by  
215 regulation an appropriate mechanism for interim determination and payment of an acute hospital's liability  
216 to the fund. An acute hospital's liability to the fund shall in the case of a transfer of ownership be assumed  
217 by the successor in interest to the acute hospital.

218 (b) The office shall establish by regulation an appropriate mechanism for enforcing an acute  
219 hospital's liability to the fund in the event that an acute hospital does not make a scheduled payment to the  
220 fund. These enforcement mechanisms may include (1) notification to the office of Medicaid requiring an  
221 offset of payments on the Title XIX claims of any such acute hospital or any health care provider under  
222 common ownership with the acute care hospital or any successor in interest to the acute hospital, and (2)  
223 the withholding by the office of Medicaid of the amount of payment owed to the fund, including any  
224 interest and late fees, and the transfer of the withheld funds into the fund. If the office of Medicaid offsets  
225 claims payments as ordered by the office, it shall not be considered to be in breach of contract or any other  
226 obligation for the payment of non-contracted services, and providers whose payment is offset under an  
227 order of the division shall serve all Title XIX recipients under the contract then in effect with the office of  
228 Medicaid, or, in the case of a non-contracting or disproportionate share hospital, under its obligation for  
229 providing services to Title XIX recipients under this chapter. In no event shall the office direct the office  
230 of Medicaid to offset claims unless an acute hospital has maintained an outstanding obligation to the fund  
231 for a period longer than 45 days and has received proper notice that the division intends to initiate  
232 enforcement actions under regulations promulgated by the office.

233 Section 38. (a) Acute hospitals and ambulatory surgical centers shall assess a surcharge on all  
234 payments subject to surcharge as defined in section 34. The surcharge shall be distinct from any other  
235 amount paid by a surcharge payor for the services of an acute hospital or ambulatory surgical center. The  
236 surcharge amount shall equal the product of (i) the surcharge percentage and (ii) amounts paid for these  
237 services by a surcharge payor. The office shall calculate the surcharge percentage by dividing  
238 \$160,000,000 by the projected annual aggregate payments subject to the surcharge. The office shall  
239 determine the surcharge percentage before the start of each fund fiscal year and may redetermine the  
240 surcharge percentage before April 1 of each fund fiscal year if the office projects that the initial surcharge

established the previous October will produce less than \$150,000,000 or more than \$170,000,000. Before each succeeding October 1, the office shall redetermine the surcharge percentage incorporating any adjustments from earlier years. In each determination or redetermination of the surcharge percentage, the office shall use the best data available as determined by the division and may consider the effect on projected surcharge payments of any modified or waived enforcement pursuant to subsection (e). The office shall incorporate all adjustments, including, but not limited to, updates or corrections or final settlement amounts, by prospective adjustment rather than by retrospective payments or assessments.

(b) Each acute hospital and ambulatory surgical center shall bill a surcharge payor an amount equal to the surcharge described in subsection (a) as a separate and identifiable amount distinct from any amount paid by a surcharge payor for acute hospital or ambulatory surgical center services. Each surcharge payor shall pay the surcharge amount to the office for deposit in the Health Safety Net Trust Fund on behalf of said acute hospital or ambulatory surgical center. Upon the written request of a surcharge payor, the office may implement another billing or collection method for the surcharge payor; provided, however, that the office has received all information that it requests which is necessary to implement such billing or collection method; and provided further, that the office shall specify by regulation the criteria for reviewing and approving such requests and the elements of such alternative method or methods.

(c) The office shall specify by regulation appropriate mechanisms that provide for determination and payment of a surcharge payor's liability, including requirements for data to be submitted by surcharge payors, acute hospitals and ambulatory surgical centers.

(d) A surcharge payor's liability to the fund shall in the case of a transfer of ownership be assumed by the successor in interest to the surcharge payor.

(e) The office shall establish by regulation an appropriate mechanism for enforcing a surcharge payor's liability to the fund if a surcharge payor does not make a scheduled payment to the fund; provided, however, that the office may, for the purpose of administrative simplicity, establish threshold liability amounts below which enforcement may be modified or waived. Such enforcement mechanism may include assessment of interest on the unpaid liability at a rate not to exceed an annual percentage rate of 18 per cent and late fees or penalties at a rate not to exceed 5 per cent per month. Such enforcement mechanism may also include notification to the office of Medicaid requiring an offset of payments on the claims of the surcharge payor, any entity under common ownership or any successor in interest to the surcharge payor, from the office of Medicaid in the amount of payment owed to the fund including any interest and penalties, and to transfer the withheld funds into said fund. If the office of Medicaid offsets claims payments as ordered by the office, the office of Medicaid shall be considered not to be in breach of contract or any other obligation for payment of non-contracted services, and a surcharge payor whose payment is offset under an order of the division shall serve all Title XIX recipients under the contract then in effect with the executive office of health and human services. In no event shall the office direct the office of Medicaid to offset claims unless the surcharge payor has maintained an outstanding liability to the fund for a period longer than 45 days and has received proper notice that the office intends to initiate enforcement actions under regulations promulgated by the office.

(f) If a surcharge payor fails to file any data, statistics or schedules or other information required under this chapter or by any regulation promulgated by the office, the office shall provide written notice to the payor. If a surcharge payor fails to provide required information within 2 weeks after the receipt of written notice, or falsifies the same, he shall be subject to a civil penalty of not more than \$5,000 for each day on which the violation occurs or continues, which penalty may be assessed in an action brought on behalf of the commonwealth in any court of competent jurisdiction. The attorney general shall bring any appropriate action, including injunctive relief, that may be necessary for the enforcement of this chapter.

Section 39. (a) Reimbursements from the fund to hospitals and community health centers for health services provided to uninsured and underinsured individuals shall be subject to further rules and regulations promulgated by the office and shall be made in the following manner: (i) reimbursements made to acute hospitals shall be based on actual claims for health services provided to uninsured and underinsured patients that are submitted to the office, and shall be made only after determination that the claim is eligible

for reimbursement under this chapter and any additional regulations promulgated by the office. Reimbursements for health services provided to residents of other states and foreign countries shall be prohibited, and the office shall make payments to acute hospitals using fee-for-service rates calculated as provided in paragraphs (iv) and (v); (ii) the office shall, in consultation with the office of Medicaid, develop and implement procedures to verify the eligibility of individuals for whom health services are billed to the fund and to ensure that other coverage options are used fully before services are billed to the fund, including procedures adopted under section 36. The office shall review all claims billed to the fund to determine whether the patient is eligible for medical assistance under the provisions of this chapter and whether any third party is financially responsible for the costs of care provided to the patient. In making these determinations, the office shall verify the insurance status of each individual for whom a claim is made using all sources of data available to the office. The office shall refuse to allow payments or shall disallow payments to acute hospitals and community health centers for free care provided to individuals if reimbursement is available from other public or private sources; provided, that payments shall not be denied from the fund because services should have been provided in a more appropriate setting if the hospital was required to provide these services under 42 U.S.C. 1395(dd); (iii) the office shall require acute hospitals and community health centers to screen each applicant for reimbursed care for other sources of coverage and for potential eligibility for government programs, and to document the results of that screening. If an acute hospital or community health center determines that an applicant is potentially eligible for Medicaid or for the commonwealth care health insurance program, established pursuant to chapter 118H, or another assistance program, the acute hospital or community health center shall assist the applicant in applying for benefits under that program. The office shall audit the accounts of acute hospitals and community health centers to determine compliance with this section and shall deny payments from the fund for any acute hospital or community health center that fails to document compliance with this section; (iv) for the purposes of paying community health centers for health services provided to uninsured individuals under this section, the office shall pay community health centers a base rate that shall be no less than the then-current Medicare Federally Qualified Health Center rate as required under 42 U.S.C. 13951 (a)(3), and the office shall add payments for additional services not included in the base rate, including, but not limited to, EPSDT services, 340B pharmacy, urgent care, and emergency room diversion services; (v) reimbursements to acute hospitals and community health centers for bad debt shall be made upon submission of evidence, in a form to be determined by the office, that reasonable efforts to collect the debt have been made; (v) the office shall reimburse acute hospitals for health services provided to individuals based on the payment systems in effect for acute hospitals used by the United States Department of Health and Human Services Centers for Medicare & Medicaid Services to administer the Medicare Program under Title XVIII of the Social Security Act, including all of Medicare's adjustments for direct and indirect graduate medical education, disproportionate share, outliers, organ acquisition, bad debt, new technology and capital and the full amount of the annual increase in the Medicare hospital market basket index. The office shall, in consultation with the office of Medicaid and the Massachusetts Hospital Association, promulgate regulations necessary to modify these payment systems to account for: (a) the differences between the program administered by the office and the Title XVIII Medicare program, including the services and benefits covered; (b) grouper and DRG relative weights for purposes of calculating the payment rates to reimburse acute hospitals at rates no less than the rates they are reimbursed by Medicare; (c) the extent and duration of covered services; (d) the populations served; and (e) any other adjustments to the payment methodology under this section as considered necessary by the office, based upon circumstances of individual hospitals.

Following implementation of this section, the office shall ensure that the allowable reimbursement rates under this section for health services provided to uninsured individuals shall not thereafter be less than rates of payment for comparable services under the Medicare program, taking into account the adjustments required by this section.

(b) By April 1 of the year preceding the start of the fund fiscal year, the office shall, after consultation with the office of Medicaid, and using the best data available, provide an estimate of the projected total reimbursable health services provided by acute hospitals and community health centers and emergency bad debt costs, the total funding available, and any projected shortfall after adjusting for reimbursement payments to community health centers. If a shortfall in revenue exists in any fund fiscal year to cover projected costs for reimbursement of health services, the office shall allocate that shortfall in

345 a manner that reflects each hospital's proportional financial requirement for reimbursements from the fund,  
346 including, but not limited to, the establishment of a graduated reimbursement system and under any  
347 additional regulations promulgated by the office.

348 (c) The executive office of health and human services directly or through the division shall enter into  
349 interagency agreements with the department of revenue to verify income data for patients whose health care  
350 services are reimbursed by the Health Safety Net Trust Fund and to recover payments made by the fund for  
351 services provided to individuals who are ineligible to receive reimbursable health services or on whose  
352 behalf the fund has paid for emergency bad debt. The division shall promulgate regulations requiring acute  
353 hospitals to submit data that will enable the department of revenue to pursue recoveries from individuals  
354 who are ineligible for reimbursed health services and on whose behalf the fund has made payments to acute  
355 hospitals for emergency bad debt. Any amounts recovered shall be deposited in the Health Safety Net  
356 Trust Fund, established under section 36.

357 (d) The office shall not at any time make payments from the fund for any period in excess of  
358 amounts that have been paid into or are available in the fund for that period, but the office may temporarily  
359 prorate payments from the fund for cash flow purposes.

### Competency Determination I

1 SECTION 26. Section 15 of chapter 123 of the General Laws, as so appearing, is hereby amended  
2 by striking out paragraph (b) and inserting in place thereof the following paragraph:-

3 (b) If after the examination described in paragraph (a), the court has reason to believe that  
4 further examination is necessary in order to determine whether mental illness or mental defect have so  
5 affected a person that he is not competent to stand trial or is not criminally responsible for the crime or  
6 crimes with which he has been charged, the court may order further examination. Unless the person is  
7 committed in accordance with this section, the examination shall be completed within 20 days, or such  
8 other period of time as the court may order. This examination shall be conducted by 1 or more qualified  
9 physicians or 1 or more qualified psychologists and shall be conducted at the court house if the person is  
10 released on his own recognizance, at the place of detention where the person is being held, or other less  
11 restrictive setting as might be ordered by the court, unless the court makes written findings, based on the  
12 examination described in paragraph (a), or such further evidence as the court may require that: (1) the  
13 person is believed to be mentally ill; (2) failure to commit the person for observation and further  
14 examination would cause likelihood of serious harm; and, (3) observation or further examination being  
15 ordered cannot be adequately or safely provided at the court house, a place of detention, or other less  
16 restrictive setting, in which case the court may order that the person be committed to a facility or, if the  
17 person is a male and appears to require strict security, at the Bridgewater state hospital, for a period not to  
18 exceed 20 days for observation and further examination. No order shall be issued for further observation or  
19 examination of criminal responsibility unless the court certifies that the order is issued in compliance with  
20 Rule 14 of the Massachusetts Rules of Criminal Procedure. Copies of the complaints or indictments and  
21 the physician's or psychologist's report under paragraph (a) shall be made available to the qualified  
22 physician or psychologist, and, if the person is committed, shall be delivered to the facility or the hospital  
23 with the person. If, before the expiration of this 20-day period, an examining qualified physician or an  
24 examining qualified psychologist completes the examination, upon 5 days notice and the filing of the report  
25 of the examination, any person committed under this section shall be returned to the court for proceedings  
26 as the court considers warranted. If, before the expiration of the 20-day period, an examining qualified  
27 physician or examining qualified psychologist believes that observation for more than 20 days is necessary,  
28 he shall so notify the court and shall request in writing an extension of the 20-day period, specifying the  
29 reason or reasons for which further observation is necessary. Upon the receipt of this request, the court  
30 may extend the observation period, but in no event shall the period exceed 40 days from the date of the  
31 initial court order of hospitalization. If a person who has been committed under this section requests  
32 continued care and treatment during the pendency of the criminal proceedings against him and the  
33 superintendent or medical director agrees to provide this care and treatment, the court may order the further  
34 commitment of the person at the facility or the Bridgewater state hospital. If the person requests to



35 terminate this care and treatment, or the superintendent or medical director withdraws his agreement to  
36 provide this care and treatment, the person shall be returned immediately to the court for further  
37 proceedings that the court considers warranted.

### **Competency Determination II**

1 SECTION 27. Section 15 of said chapter 123, as so appearing, is hereby further amended by  
2 striking out paragraph (e) and inserting in place thereof the following paragraph:-

3 (e) After a finding of guilty on a criminal charge, and prior to sentencing, the court may order  
4 a psychiatric or other clinical examination. If after this examination, the court has reason to believe that  
5 further examination and observation is necessary, it may, upon the making of written findings as provided  
6 in paragraph (b), also order a period of observation in a facility, or at the Bridgewater state hospital if the  
7 court determines that strict security is required and if the person is male. The purpose of this observation or  
8 examination shall be to aid the court in sentencing. If the person is committed under this section, the period  
9 of observation or examination shall not exceed 40 days. During this period of observation, the  
10 superintendent or medical director may petition the court for further commitment of the person. The court,  
11 after imposing sentence on the person, may hear the petition as provided in section 18, and if the court  
12 makes necessary findings as set forth in section 8, it may in its discretion commit the person to a facility or  
13 the Bridgewater state hospital. The order of commitment shall be valid for a period of 6 months. All  
14 subsequent proceedings for commitment shall take place under said section 18 in the district court which  
15 has jurisdiction of the facility or hospital. A person committed to a facility or Bridgewater state hospital  
16 under this section shall have this time credited against the sentence imposed as provided in paragraph (c) of  
17 said section 18.

### **Appeals to the Alcoholic Beverages Control Commission**

1 SECTION 28. Section 67 of chapter 138 of the General Laws, as so appearing, is hereby amended  
2 by inserting after the word "modifying", in line 5, the following words:- , decreasing the hours of sale.

### **Division of Unemployment Assistance I**

1 SECTION 29. Subsection (d) of section 188 of chapter 149 of the General Laws, as most recently  
2 amended by section 32 of chapter 324 of the acts of 2006, is hereby further amended by adding the  
3 following 3 sentences:- Before depositing the amounts, the director may deduct all administrative costs  
4 incurred by the division of unemployment assistance as a result of this section, including an amount as  
5 determined by the United States Secretary of Labor in accordance with federal cost rules. Except where  
6 inconsistent with this section, the terms and conditions of chapter 151A, including section 45 of said  
7 chapter, which are applicable to the payment and collection of contributions, shall apply to the same extent  
8 to the payment and collection of any obligation under this section. The director may promulgate  
9 regulations necessary to administer this section.

### **Division of Unemployment Assistance II**

1 SECTION 30. Subsection (c) of section 46 of chapter 151A of the General Laws, as so appearing, is  
2 hereby amended by adding the following clause:-

3 (7) to the division of health care finance and policy, an interagency agreement for the purposes of  
4 the administration and enforcement of sections 6B, 6C and 18B of chapter 118G and for the administration  
5 of the fair share employer requirement under section 188 of chapter 149.

### **Federal Unified Carrier Registration**

1       SECTION 31. Chapter 159B of the General Laws, as so appearing, is hereby amended by striking  
2 out section 10 and inserting in place thereof the following section:-

3       Section 10. Each interstate carrier by motor vehicle transporting over the ways within the  
4 commonwealth for compensation shall register and identify with the department pursuant to the federal  
5 Unified Carrier Registration Act of 2005. Each registration shall be accompanied by a fee, the amount of  
6 which shall be determined by the board of directors of the federal Unified Carrier Registration Plan.

### **Franklin Superior Court**

1       SECTION 32. Section 4 of chapter 221 of the General Laws, as so appearing, is hereby amended by  
2 inserting after the word "Essex", in line 4, the following word:- , Franklin.

### **GPS Technical Change I**

1       SECTION 33. Section 47 of chapter 265 of the General Laws, inserted by section 8 of chapter 303  
2 of the acts of 2006, is hereby amended by striking out the second to fourth sentences, inclusive, and  
3 inserting in place thereof the following 2 sentences:- The commissioner of probation shall effectuate  
4 geographic exclusion zones, which shall be defined by the court and included as conditions of probation. If  
5 the commissioner or the probationer's probation officer has probable cause to believe that the probationer  
6 has violated this term of his probation, the commissioner or the probationer's probation officer shall notify  
7 the police in the location of the exclusion zone and shall arrest or cause the probationer to be arrested under  
8 section 3 of chapter 279.

### **Fisherman's Partnership Health Plan**

1       SECTION 34. Section 22 of chapter 47 of the acts of 1997, as amended by section 158 of Chapter  
2 184 of the Acts of 2002, is hereby amended by striking out, in line 3, the figure "\$3,000,000" and inserting  
3 in place thereof the following figure:- \$4,000,000.

### **Eliminate Repeal of Division of Professional Licensure Trust**

1       SECTION 35. Sections 7A and 80 of chapter 177 of the acts of 2001 are hereby repealed.

### **E911 Surcharge Date Extension II**

1       SECTION 36. Section 9 of chapter 61 of the acts of 2002 is hereby amended by striking out, in line  
2 1, the words "June 30, 2007" and inserting in place thereof the following words:- June 30, 2008.

### **Houghton's Pond Technical Correction**

1       SECTION 37. Section 2E of chapter 352 of the acts of 2004 is hereby amended by striking out item  
2 2800-0105, as amended by section 1 of chapter 28 of the acts of 2005, and inserting in place thereof the  
3 following item:-

4       2800-0105 For repairs to the department of conservation and recreation's recreational rinks;  
5 provided that, all funds appropriated herein, for recreational rink projects but excluding any bath house or  
6 athletic field project, shall be subject to private matching funds up to a two-to-one match; provided further,

7 that \$1,000,000 shall be expended for Connell Rink in Weymouth; provided further, that \$600,000 shall be  
8 expended for bath house repairs at Houghton Pond; provided further, that \$300,000 shall be expended for  
9 athletic field repairs at Houghton Pond; and provided further, that \$1,000,000 shall be expended for the  
10 repairs and improvement of the Walter C. Bryan Memorial Rink in West  
11 Roxbury.....\$2,900,000.

### **Flood Mitigation I**

1 SECTION 38. Item 1599-2005 of section 2A of chapter 81 of the acts of 2005, as amended by  
2 section 10 of chapter 192 of the acts of 2006, is hereby further amended by adding the following words:- ;  
3 provided further, that not less than \$6,800,000 shall be expended to certain municipalities and eligible  
4 private non-profit organizations in areas declared federal disaster areas in the counties of Essex, Middlesex,  
5 Norfolk, Suffolk and Worcester for the purpose of providing emergency disaster relief related to damages  
6 associated with the flooding of May, 2006; provided further, that the relief shall be in the amount of 25 per  
7 cent of the total damage as certified by the Massachusetts emergency management agency; provided  
8 further, that not less than \$1,680,000 shall be expended to Danvers for the purpose of providing relief  
9 related to damages associated with the chemical plant explosion on November, 22, 2006; and provided  
10 further, that the funds appropriated herein shall be made available until June 30, 2008.

### **Flood Mitigation II**

1 SECTION 39. Section 10 of chapter 192 of the acts of 2006 is hereby repealed.

### **Hospital Rate Pay for Performance**

1 SECTION 40. Chapter 58 of the acts of 2006 is hereby amended by striking out section 128, as  
2 amended by section 62 of chapter 324 of the acts of 2006, and inserting in place thereof the following  
3 section:-

4 Section 128. Notwithstanding any general or special law to the contrary and in accordance with  
5 section 13B of chapter 118E of the General Laws, in fiscal year 2007, \$90,000,000 shall be made available  
6 from the Commonwealth Care Trust Fund, established pursuant to section 2000 of chapter 29 of the  
7 General Laws, to pay for an increase in the Medicaid rates paid to acute hospitals and physicians; and  
8 provided further, that not less than 15 per cent of the increase shall be allocated to rate increases for  
9 physicians; provided further, that for fiscal year 2008, an additional \$90,000,000 for a total of  
10 \$180,000,000, shall be made available from the Commonwealth Care Trust Fund in accordance with the  
11 provisions of this section, to pay for an increase in the Medicaid rates paid to acute hospitals and  
12 physicians; provided, however, that not less than 15 per cent of the increase shall be allocated to rate  
13 increases for physicians. In fiscal year 2009, an additional \$90,000,000, for a total of \$270,000,000, shall  
14 be made available to pay for an increase in the Medicaid rates paid to acute hospitals, as defined in said  
15 section 1 of said chapter 118G, and physicians, provided that not less than 15 per cent of the increase be  
16 allocated to rate increases for physicians. In fiscal year 2008, not more than \$20,000,000 of the amounts to  
17 be made available to acute hospitals under this section shall be contingent on hospital adherence to quality  
18 standards and achievement of performance benchmarks, including the reduction of racial and ethnic  
19 disparities in the provision of health care, in accordance with section 13B of chapter 118E of the General  
20 Laws. For fiscal year 2008, any such performance benchmarks may be determined by the secretary of the  
21 executive office of health and human services without any limitation but in consultation with hospitals, the  
22 MassHealth payment policy advisory board, and health care quality and cost council, and may include  
23 measures to be reported by hospitals to the federal Centers for Medicare & Medicaid Services for  
24 Reporting Hospital Quality Data for Annual Payment Update, to the Joint Commission on Accreditation of  
25 Healthcare Organizations for core measures, or to the MassHealth Program pursuant to Appendix G of the  
26 contract between MassHealth and acute hospitals for Rate Year 2007 or other nationally recognized  
27 measures that are drawn on those approved by the National Quality Forum and adopted by the Hospitals

28 Quality Alliance Performance benchmarks and quality measures related to racial and ethnic disparities in  
29 the provision of health care. The secretary shall, after consultation required by section 13B of chapter  
30 118E, issue final quality standards and performance benchmarks for use in the hospital fiscal year  
31 beginning October 1, 2007. For purposes of payments to hospital pursuant to this section, fiscal year shall  
32 mean the hospital fiscal year, and for purposes of any payments to physicians pursuant to this section, fiscal  
33 year shall mean the state fiscal year.

#### **Medical Spa Reporting Date**

1 SECTION 41. Section 3 of chapter 81 of the acts of 2006 is hereby amended by striking out the  
2 words "within 12 months after the effective date of this act" and inserting in place thereof the following  
3 words:- not later than September 1, 2007.

#### **Youth-At-Risk Program Prior Appropriation Continued**

1 SECTION 42. Item 7002-0012 of section 2 of chapter 139 of the acts of 2006 is hereby amended by  
2 adding the following words:- ; prior appropriation continued.

#### **CORI Commission Report Date**

1 SECTION 43. The first sentence of the last paragraph of section 128 of said chapter 139 is hereby  
2 amended by striking out the words "December 31, 2006" and inserting in place thereof the following  
3 words:- December 31, 2007.

#### **Asian American Commission Technical Correction II**

1 SECTION 44. Section 3 of chapter 258 of the acts of 2006 is hereby amended by adding the  
2 following clause:-

3 (g) The state auditor shall appoint, on or before October 1, 2007, 1 member for a term of 1 year, 1  
4 member for a term of 2 years and 1 member for a term of 3 years.

#### **Payment of Certain Pensions**

1 SECTION 45. Notwithstanding any general or special law to the contrary, pension benefits  
2 authorized under chapters 712 and 721 of the acts of 1981, chapter 154 of the acts of 1983, chapter 67 of  
3 the acts of 1988 and chapter 621 of the acts of 1989 for the compensation of veterans who may be retired  
4 by the state board of retirement, including individuals formerly in the service of the division of employment  
5 security whose compensation for that service was paid in full from a grant from the federal government,  
6 and for the cost of medical examinations in connection therewith, for pensions of retired judges or their  
7 widows or widowers, for retirement allowances of certain employees formerly in the service of the  
8 administrative division of the metropolitan district commission, for retirement allowances of certain  
9 veterans and police officers formerly in the service of the metropolitan district commission, for retirement  
10 allowances of certain veterans formerly in the service of the metropolitan sewerage district, for retirement  
11 allowances of certain veterans formerly in the service of the metropolitan water system and for annuities  
12 for widows or widowers of certain former members of the uniformed branch of the state police, shall be  
13 funded from the Pension Reserves Investment Trust Fund, established under subdivision (8) of section 22  
14 of chapter 32 of the General Laws.

### **Blue Hills Ski Area Long-Term Lease**

1       SECTION 46. (a) Notwithstanding the provisions of sections 40E to 40K, inclusive, and sections 52  
2 to 55, inclusive, of chapter 7 of the General Laws and using competitive proposal processes that the  
3 division considers appropriate, the division of capital asset management and maintenance, in consultation  
4 with the department of conservation and recreation, may lease or enter into other agreements for the Blue  
5 Hills Ski Area in the town of Canton, for terms not to exceed 25 years, to 1 or more operators so as to  
6 provide for the continued use, operation, maintenance, repair and improvement of this state-owned  
7 recreational facility together with the land and appurtenances associated with it.

8       (b) The lease or other agreements shall be on terms acceptable to the commissioner of capital asset  
9 management and maintenance, after consultation with the commissioner of conservation and recreation  
10 and, notwithstanding any general or special law to the contrary, shall provide for the operator to operate,  
11 manage, improve, repair and maintain such properties. Any lease or other arrangement requiring  
12 improvements to be made to any portion of the facility may include a description of the initially required  
13 improvements and shall include performance specifications.

14       (c) The inspector general shall review and approve any request for proposal issued by the division  
15 prior to its issuance.

16       (d) Any consideration received from a lease or other agreement shall be payable to the department of  
17 conservation and recreation for deposit into the Blue Hills Reservation Trust Fund in accordance with  
18 section 34C of chapter 92 of the General Laws. The operator shall bear costs as determined by the  
19 commissioner of conservation and recreation for the transactions including, without limitation, costs for  
20 legal work, survey, title and the preparation of plans and specifications.

### **Blue Hills Observatory Long-Term Lease**

1       SECTION 47. (a) Notwithstanding the provisions of sections 40E to 40K, inclusive, and sections 52  
2 to 55, inclusive, of chapter 7 of the General Laws, the division of capital asset management and  
3 maintenance, in consultation with the department of conservation and recreation, using a competitive  
4 proposal process that the division deems necessary or appropriate, may lease and enter into other  
5 agreements, for terms not to exceed 25 years, to 1 or more operators, for the Blue Hills Observatory and  
6 Science Center in Canton so as to provide for the continued use, operation, maintenance, repair and  
7 improvement of such state-owned recreational facility together with the land and appurtenances associated  
8 with it.

9       (b) The lease or other agreements shall be on terms acceptable to the commissioner of capital asset  
10 management and maintenance, after consultation with the commissioner of conservation and recreation  
11 and, notwithstanding the provisions of any general or special law to the contrary, shall provide for the  
12 lessee to operate, manage, improve, repair and maintain such properties. Any such lease or other  
13 agreement requiring improvements to be made to any portion of the facility may include a description of  
14 the initially required improvements and performance specifications.

15       (c) Any consideration received from the lease or other agreement shall be payable to the department  
16 of conservation and recreation for deposit into the Blue Hills Reservation Trust Fund in accordance with  
17 the provisions of section 34C of chapter 92 of the General Laws. The lessee or recipient of such property  
18 shall bear all costs deemed necessary or appropriate by the commissioner of conservation and recreation for  
19 the transactions including, without limitation, all costs for legal work, survey, title and the preparation of  
20 plans and specifications.

### **Long-Term Leases to Operate Public Skating Rinks**

1       SECTION 48. (a) Notwithstanding the provisions of sections 40E to 40K, inclusive, and sections 52  
2 to 55, inclusive, of chapter 7 of the General Laws, and using those competitive proposal processes as the  
3 division of capital asset management and maintenance considers necessary or appropriate, the division, in  
4 consultation with the department of conservation and recreation, may lease and enter into other agreements,  
5 for terms not to exceed 25 years, to 1 or more proponents, for 1 or more skating rinks so as to provide for  
6 the continued use, operation, maintenance repair and improvement of the following state-owned buildings  
7 and facilities, together with the land and appurtenances associated therewith, comprising those ice skating  
8 rinks and facilities formerly under the jurisdiction of the metropolitan district commission: Shea memorial  
9 rink in the city of Quincy and Ulin memorial rink in the town of Milton.

10       (b) The failure of a city or town to apply for prequalification, as set forth below, shall not prohibit  
11 such city or town from bidding under this section.

12       (c) Before the division, in consultation with the department, sends out a request for proposals under  
13 this section, the division shall hold open a prequalification period of 45 days for cities and towns and youth  
14 oriented nonprofit organizations that desire to bid on rinks that are listed in this section and are located  
15 within the city or town, or for a partnership of municipalities which share geographic boundaries as long as  
16 the subject rink is located within the geographic area of the municipalities comprising the partnership. A  
17 city, town, youth oriented nonprofit organization or partnership of municipalities that desires to lease a rink  
18 under this section may submit materials for prequalification. The prequalification determination may  
19 consider, but need not be limited to, the city's, town's, youth oriented nonprofit organization's or  
20 partnership's ability to finance the capital improvements determined to be necessary at each rink listed in  
21 this section by the division and to manage, operate and maintain the properties. Preference shall be given  
22 to the city or town in which the rink is located. The division, in consultation with the department, shall  
23 determine whether a city, town, youth oriented nonprofit or partnership is prequalified within 15 days of  
24 the end of the prequalification period. If a city, town, youth oriented nonprofit organization or partnership  
25 is determined to be prequalified, that city, town, youth oriented non-profit organization or partnership shall  
26 be awarded the lease for that rink under the terms and conditions set forth in this section. If a city, town,  
27 youth oriented nonprofit organization or partnership is determined to be prequalified, such city, town,  
28 youth-oriented non-profit organization or partnership shall pay consideration for a lease subject to the  
29 required capital improvements, performance specifications and other prequalification requirements and  
30 terms of the division and submitted proposal. The length of the lease shall be determined between the  
31 division and the city, town, youth oriented nonprofit organization or partnership.

32       (d) Such lease and other agreements shall be on terms acceptable to the commissioner of capital  
33 asset management and maintenance, after consultation with the commissioner of conservation and  
34 recreation and, notwithstanding the provisions of any general or special law to the contrary, shall provide  
35 for the lessees to operate, manage, improve, repair and maintain the properties and may provide for the  
36 department to make initial capital improvements or direct grant funds to the lessee to undertake initial  
37 capital improvements at 1 or more of the properties that said commissioner determines is necessary due to  
38 the structural condition of the property. Leases or other arrangements requiring improvements to be made  
39 to a property may include a description of the initially required improvements and performance  
40 specifications. Ice time at rinks under the jurisdiction of the division of urban parks and recreation shall be  
41 allocated to user groups in the following order of priority: general public skating; youth groups; high school  
42 hockey; and adult organizations or informal groups. Ice time may be allocated at the discretion of the  
43 operator, but general public skating shall be booked at a minimum of 16 hours per week, with a range of  
44 times and days which reasonably allow for public skaters of all ages to participate in some public skating  
45 sessions. Every effort shall be made to balance the ice allocation needs of long-established youth  
46 organizations and newly-formed youth organizations in a manner that provides equal opportunity and equal  
47 access for youths of each gender. The leases and other agreements authorized in this section shall provide  
48 that any benefits to the communities and the costs of improvements and repairs made to the properties  
49 provided by the lessees or the recipients of the properties shall be taken into account as part of the  
50 consideration for such leases or other agreements. Consideration received from the leases or other

51 agreements shall be payable to the department of conservation and recreation for deposit into the Division  
52 of Urban Parks Trust Fund in accordance with section 34 of chapter 92 of the General Laws. The lessees or  
53 the recipients of the properties shall bear the costs considered necessary or appropriate by the commissioner  
54 of conservation and recreation for the transactions including, without limitation, all costs for legal work,  
55 survey, title and the preparation of plans and specifications.

56 (e) The names of the ice skating rinks and facilities referenced in this section shall not be altered or  
57 changed under the leases or agreements.

### **Tourism Formula Suspension**

1 SECTION 49. Notwithstanding any general or special law to the contrary, section 35J of chapter 10  
2 of the General Laws shall not apply in fiscal year 2008.

### **Prescription Advantage**

1 SECTION 50. Notwithstanding any general or special law to the contrary and in order to maintain  
2 the fiscal viability of the subsidized catastrophic prescription drug insurance program, hereinafter referred  
3 to as the "prescription advantage program", authorized by section 39 of chapter 19A of the General Laws,  
4 cost-sharing required of enrollees in the form of co-payments, premiums and deductibles, or any  
5 combination thereof, may be adjusted by the department of elder affairs to reflect price trends for outpatient  
6 prescription drugs, as determined by the secretary of elder affairs. The secretary shall not implement such  
7 cost sharing increases required of enrollees in the form of co-payments, premiums and deductibles or any  
8 combination thereof, unless the executive office has given 90 days notice to the general court and has  
9 received approval of the proposed plan from a majority of the general court. In addition to the eligibility  
10 requirements set forth in said section 39 of said chapter 19A, to be considered eligible for the prescription  
11 advantage program, individuals who receive Medicare and are applying for, or are then enrolled in, the  
12 prescription advantage program shall also be enrolled in a Medicare prescription drug plan, a Medicare  
13 Advantage prescription drug plan or in a plan which provides creditable prescription drug coverage as  
14 defined in section 104 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003,  
15 hereinafter referred to as " MMA ," and which provides coverage of the cost of prescription drugs  
16 actuarially equal to or better than that provided by Medicare Part D, hereinafter referred to as a "creditable  
17 coverage" plan.

18 In addition to the eligibility requirements set forth in said section 39 of said chapter 19A, to be  
19 considered eligible for the prescription advantage program, individuals who receive Medicare and are  
20 applying for, or are then enrolled in, the prescription advantage program, who may qualify for the low-  
21 income subsidy, provided under the MMA Subpart P - Premiums and cost-sharing subsidies for low-  
22 income individuals, shall apply for such subsidies. To the extent permitted by MMA and regulations  
23 promulgated thereunder and all other applicable federal law, the prescription advantage program may apply  
24 on behalf of a member for enrollment into a Medicare prescription drug plan or for the low-income subsidy  
25 provided under MMA and may receive information about the member's eligibility and enrollment status  
26 necessary for the operation of the prescription advantage program.

27 For enrollees who qualify for enrollment in a Medicare Part D plan, the prescription advantage  
28 program will provide a supplemental source of financial assistance for prescription drug costs, hereinafter  
29 referred to as "supplemental assistance" in lieu of the catastrophic prescription drug coverage provided  
30 pursuant to said section 39 of said chapter 19A. The prescription advantage program will provide  
31 supplemental assistance for premiums, deductibles, payments and co-payments required by a Medicare  
32 prescription drug plan or Medicare Advantage prescription drug plan and will provide supplemental  
33 assistance for deductibles, payments and co-payments required by a creditable coverage plan. The  
34 department shall establish the amount of the supplemental assistance it will provide enrollees based on a  
35 sliding income scale and the coverage provided by the enrollees' Medicare prescription drug plan, Medicare  
36 Advantage prescription drug plan or creditable coverage plan. In addition to the eligibility requirements set

37 forth in section 39 of said chapter 19A, to be considered eligible for the prescription advantage program, an  
38 individual shall have a household income of less than 500 per cent of the poverty guidelines updated  
39 periodically in the Federal Register by the United States Department of Health and Human Services  
40 pursuant to 42 U.S.C. 9902(2).

41 Residents of the commonwealth who are not eligible for Medicare shall continue to be eligible for  
42 the prescription advantage program pursuant to said section 39 of said chapter 19A.

#### **UMass/Health and Human Services Interagency Service Agreements**

1 SECTION 51. Notwithstanding any general or special law to the contrary, the executive office of  
2 health and human services under section 16 of chapter 6A of the General Laws, acting in its capacity as the  
3 single state agency under Title XIX of the Social Security Act and as the principal agency for all of the  
4 agencies within the executive office, and other federally assisted programs administered by the executive  
5 office, may enter into interdepartmental services agreements with the University of Massachusetts medical  
6 school to perform activities that the secretary, in consultation with the comptroller, determines are  
7 appropriate and within the scope of the proper administration of Title XIX and other federal funding  
8 provisions to support the programs and activities of the executive office. These activities shall include: (1)  
9 providing administrative services, including, but not limited to, activities such as providing the medical  
10 expertise to support or administer utilization management activities, determining eligibility based on  
11 disability, supporting case management activities and similar initiatives; (2) providing consulting services  
12 related to quality assurance, program evaluation and development, integrity and soundness and project  
13 management; and (3) providing activities and services for the purpose of pursuing federal reimbursement or  
14 avoiding costs, third party liability and recouping payments to third parties. Federal reimbursement for any  
15 expenditures made by the University of Massachusetts medical school relative to federally reimbursable  
16 services the university provides under these interdepartmental service agreements or other contracts with  
17 the executive office of health and human services shall be distributed to the university and recorded in the  
18 state accounting system. The secretary of health and human services may negotiate contingency fees for  
19 activities and services related to the purpose of pursuing federal reimbursement or avoiding costs, and the  
20 comptroller shall certify these fees and pay them upon the receipt of this revenue, reimbursement or  
21 demonstration of costs avoided. Contracts for contingency fees shall not extend longer than 3 years and  
22 shall not be renewed without prior review and approval from the executive office of administration and  
23 finance. The secretary shall not pay contingency fees in excess of \$40,000,000 for state fiscal year 2008.  
24 The secretary of health and human services shall submit to the secretary of administration and finance and  
25 the senate and house committees on ways and means a quarterly report detailing the amounts of the  
26 agreements, the ongoing and new projects undertaken by the university, the amounts spent on personnel  
27 and the amount of federal reimbursement and recoupment payments that the university collected.

#### **Pension Line Item Language**

1 SECTION 52. The amounts transferred pursuant to subdivision (1) of section 22C of chapter 32 of  
2 the General Laws shall be made available for the commonwealth's Pension Liability Fund established  
3 under section 22 of said chapter 32 of the General Laws. The amounts transferred pursuant to said  
4 subdivision (1) of said section 22C of said chapter 32 shall meet the commonwealth's obligations under  
5 said section 22C of said chapter 32, including retirement benefits payable by the state employees' and the  
6 state teachers' retirement systems, for the costs associated with a 3 per cent cost-of-living adjustment  
7 pursuant to section 102 of said chapter 32, the reimbursement of local retirement systems for previously  
8 authorized cost-of-living adjustments pursuant to section 102 of said chapter 32, and for the costs of  
9 increased survivor benefits pursuant to chapter 389 of the acts of 1984. The state retirement board and each  
10 city, town, county and district shall verify the cost thereof, subject to the rules adopted by the treasurer.  
11 The treasurer may make payments upon a transfer of funds to reimburse certain cities and towns for  
12 pensions to retired teachers, including any other obligations which the commonwealth has assumed on  
13 behalf of any retirement system other than the state employees' or state teachers' retirement systems and  
14 also including the commonwealth's share of the amounts to be transferred pursuant to section 22B of said



chapter 32 and the amounts to be transferred pursuant to clause (a) of the last paragraph of section 21 of chapter 138 of the General Laws. All payments for the purposes described in this section shall be made only pursuant to distribution of monies from the fund, and any distribution and the payments for which distributions are required shall be detailed in a written report filed quarterly by the commissioner of administration with the house and senate committees on ways and means and the joint committee on public service in advance of such distribution. Such distributions shall not be made in advance of the date on which a payment is actually to be made. The state retirement board may expend an amount for the purposes of the higher education coordinating council's optional retirement program pursuant to section 40 of chapter 15A of the General Laws. To the extent that the amount transferred pursuant to said paragraph (1) of said section 22C of said chapter 32 exceeds the amount necessary to adequately fund the annual pension obligations, the excess amount shall be credited to the Pension Reserves Investment Trust Fund of the commonwealth for the purpose of reducing the unfunded pension liability of the commonwealth.

### **Phase-In Deposit to State Retiree Benefits Fund**

SECTION 53. Notwithstanding subsection (c) of section 24 of chapter 32A of the General Laws, for fiscal years 2009 to 2011, inclusive, of the 90 per cent of the monies received in any said fiscal year as a result of any claim or action undertaken by the attorney general against a manufacturer of cigarettes to recover the amount of medical assistance provided pursuant to chapter 118E or any other claim or action undertaken by the attorney general against a manufacturer of cigarettes including, but not limited to, the action known as Commonwealth of Massachusetts v. Philip Morris, Inc., et al., Middlesex Superior Court, No. 95-7378, the following portions shall not be deposited in the State Retiree Benefits Trust Fund, but rather shall be deposited in the General Fund:

(a) for fiscal year 2009, 3/4 of the 90 per cent of those monies;

(b) for fiscal year 2010, half of the 90 per cent of those monies; and

(c) for fiscal year 2011, 1/4 of the 90 per cent of those monies.

In each said fiscal year, the remainder of the 90 per cent of those monies shall be deposited in the State Retiree Benefits Trust Fund.

### **Division of Unemployment Assistance III**

SECTION 54. Notwithstanding any general or special law to the contrary, the comptroller shall transfer, upon passage of this act, \$1,799,735 from the Medical Security Trust Fund, established by subsection (k) of section 14G of chapter 151A of the General Laws, to the Commonwealth Care Trust Fund, established by section 2000 of chapter 29 of the General Laws, for use solely by the division of unemployment assistance to support development, implementation and first year operating costs associated with carrying out the division's responsibilities under section 188 of chapter 149 of the General Laws.

### **Minimum Required Contribution Recalculation**

SECTION 55. (a) Notwithstanding any general or special law to the contrary, upon the request of the board of selectmen in a town, the city council in a plan E city or the mayor in any other city, the department of revenue may recalculate the minimum required local contribution, as defined in section 2 of chapter 70 of the General Laws, in the fiscal year ending June 30, 2008. Based on the criteria established in this section, the department shall recalculate the minimum required local contribution for a municipality's local and regional schools and shall certify the amounts calculated to the department of education.

(b) A city or town that used qualifying revenue amounts in a fiscal year which will not be available for use in the next fiscal year, or that will be required to use revenues for extraordinary non school-related

9 expenses for which it did not have to use revenues in the preceding fiscal year, or that has an excessive  
10 certified municipal revenue growth factor which is also greater than or equal to 1.5 times the state average  
11 municipal revenue growth factor, may appeal to the department of revenue not later than October 1, 2007,  
12 for an adjustment of its minimum required local contribution and net school spending.

13 (c) If a claim is determined to be valid, the department of revenue may reduce proportionately the  
14 minimum required local contribution amount based on the amount of shortfall in revenue or based on the  
15 amount of increase in extraordinary expenditures in the current fiscal year, but no adjustment to the  
16 minimum required local contribution on account of an extraordinary expense in the budget for the fiscal  
17 year ending on June 30, 2008 shall affect the calculation of the minimum required local contribution in  
18 subsequent fiscal years. Qualifying revenue amounts shall include, but not be limited to, extraordinary  
19 amounts of free cash, overlay surplus and other available funds.

20 (d) If, upon submission of adequate documentation, the department of revenue determines that the  
21 municipality's claim regarding an excessive municipal revenue growth factor is valid, the department shall  
22 recalculate the municipal revenue growth factor and the department of education shall use the revised  
23 growth factor to calculate the preliminary local contribution, the minimum required local contribution and  
24 any other factor that directly or indirectly uses the municipal revenue growth factor. Any relief granted as a  
25 result of an excessive municipal revenue growth factor shall be a permanent reduction in the minimum  
26 required local contribution.

27 (e) The board of selectmen in a town, the city council in a plan E city, the mayor in any other city,  
28 or a majority of the member municipalities of a regional school district, which used qualifying revenue  
29 amounts in a fiscal year that will not be available for use in the next fiscal year, may appeal to the  
30 department of revenue not later than October 1, 2007 for an adjustment to its net school spending  
31 requirement. If the claim is determined to be valid, the department of revenue shall reduce the net school  
32 spending requirement based on the amount of the shortfall in revenue and reduce the minimum required  
33 local contribution of member municipalities accordingly. Qualifying revenue amounts shall include, but  
34 not be limited to, extraordinary amounts of excess and deficiency, surplus and uncommitted reserves.

35 (f) If the regional school budget has already been adopted by two-thirds of the member  
36 municipalities then, upon a majority vote of the member municipalities, the regional school committee shall  
37 adjust the assessments of the member municipalities in accordance with the reduction in minimum required  
38 local contributions approved by the department of revenue or the department of education in accordance  
39 with this section.

40 (g) Notwithstanding clause (14) of section 3 of chapter 214 of the General Laws or any other general  
41 or special law to the contrary, the amounts so determined pursuant to this section shall be the minimum  
42 required local contribution described in chapter 70 of the General Laws. The department of revenue and  
43 the department of education shall notify the house and senate committees on ways and means and the joint  
44 committee on education of the amount of any reduction in the minimum required local contribution  
45 amount.

46 (h) If a city or town has an approved budget that exceeds the recalculated minimum required local  
47 contribution and net school spending amounts for its local school system or its recalculated minimum  
48 required local contribution to its regional school districts as provided by this section, the local appropriating  
49 authority shall determine the extent to which the community shall avail itself of any relief authorized  
50 pursuant to this section.

51 (i) The amount of financial assistance due from the commonwealth in fiscal year 2008 pursuant to  
52 chapter 70 of the General Laws or any other law shall not be changed on account of any redetermination of  
53 the minimum required local contribution pursuant to this section.

54 (j) The department of revenue and the department of education shall issue guidelines for their  
55 respective duties pursuant to this section.

### **Caseload Capacity for MassHealth Dentists**

1       SECTION 56. Notwithstanding any special or general law to the contrary, the executive office of  
2 health and human services may promulgate regulations allowing any dentist participating in the  
3 MassHealth program to limit the number of MassHealth patients in his or her practice in accordance with  
4 standards or procedures to be established by the executive office of health and human services.

### **Initial Gross Payment to Qualifying Acute Care Hospitals**

1       SECTION 57. Notwithstanding any general or special law to the contrary, on or before October 1,  
2 2007, and without further appropriation, the comptroller shall transfer from the General Fund to the Health  
3 Safety Net Trust Fund established pursuant to section 36 of chapter 118G of the General Laws, an amount  
4 not to exceed \$45,000,000 for the purpose of making initial gross payments to qualifying acute care  
5 hospitals and community health centers for the hospital fiscal year beginning October 1, 2007. These  
6 payments shall be made to hospitals before, and in anticipation of, the payment by hospitals of their gross  
7 liability to this fund. The comptroller shall transfer from this fund to the General Fund, not later than June  
8 30, 2008, the amount of the transfer authorized in this section and any allocation of that amount as certified  
9 by the director of the health safety net office.

### **Cultural Facilities Fund Transfer**

1       SECTION 58. Notwithstanding any general or special law to the contrary, the comptroller shall  
2 transfer \$1,238,650 from the Massachusetts Tourism Fund to the Massachusetts Cultural Facilities Fund in  
3 fiscal year 2008.

### **Uncompensated Care Trust Fund Surplus Transfer**

1       SECTION 59. Notwithstanding any general or special law to the contrary, the division of health  
2 care finance and policy and the secretary of health and human services shall verify any surplus community  
3 health center free care funds from hospital fiscal year 2007 within the Uncompensated Care Trust Fund  
4 established in section 18 of chapter 118G of the General Laws. The comptroller shall, in consultation with  
5 the division and the secretary, develop a schedule for transferring those funds to the General Fund not later  
6 than October 1, 2007 to defray the cost associated with community health center Medicaid rate increases  
7 authorized pursuant to item 4000-0700 of section 2.

### **Transfer of Annual Tobacco Settlement Payment**

1       SECTION 60. Notwithstanding any general or special law to the contrary, during fiscal year 2008,  
2 the comptroller shall transfer from the Health Care Security Trust established pursuant to chapter 29D of  
3 the General Laws to the General Fund an amount equal to 100 per cent of the total of all payments received  
4 by the commonwealth in fiscal year 2008 pursuant to the master settlement agreement in the action known  
5 as Commonwealth of Massachusetts v. Phillip Morris, Inc. et. al., Middlesex Superior Court, No. 95-7378  
6 and 50 per cent of the earnings generated in fiscal year 2008 from the Health Care Security Trust as  
7 certified by the comptroller pursuant to paragraph (f) of section 3 of chapter 29D of the General Laws for  
8 certain health care expenditures appropriated in section 2 of this act.

### **Transfer to the Commonwealth Covenant Fund**

1       SECTION 61. Notwithstanding any general or special law to the contrary, during fiscal year 2008,  
2 the comptroller shall transfer \$3,750,000 from the General Fund to the Commonwealth Covenant Fund  
3 established in section 35EE of chapter 10 of the General Laws.

### **Transfer to the State Retiree Benefits Fund**

1       SECTION 62. Notwithstanding any general or special law to the contrary, during fiscal year 2008,  
2 the comptroller shall, according to a schedule developed in consultation with the state treasurer and the  
3 secretary of administration and finance, transfer \$343,242,800 from the General Fund to the State Retiree  
4 Benefits Trust Fund, established pursuant to section 24 of chapter 32A of the General Laws.

### **Health Safety Net Audit Authorization**

1       SECTION 63. In hospital fiscal year 2008, the office of the inspector general may continue to  
2 expend funds appropriated in chapter 240 of the acts of 2004 from the Uncompensated Care Trust Fund for  
3 the costs associated with maintaining a Health Safety Net audit unit within that office. The unit shall  
4 continue to oversee and examine the practices in all Massachusetts' hospitals including, but not limited to,  
5 the care of the uninsured and the resulting reimbursable health services claims. The inspector general shall  
6 submit a report to the house and senate committees on ways and means on the results of the audits and any  
7 other completed analyses not later than March 1, 2008. For the purposes of the audits, reimbursable health  
8 services shall be as provided in chapter 118G of the General Laws and any applicable regulations.

### **Essential Community Provider Trust**

1       SECTION 64. Notwithstanding any general or special law to the contrary, the comptroller, in  
2 consultation with the secretary of health and human services, shall develop a schedule for transferring not  
3 less than \$28,000,000 from the General Fund to the Essential Community Provider Trust Fund established  
4 pursuant to section 2PPP of chapter 29 of the General Laws for the purpose of making payments to  
5 hospitals and community health centers in fiscal year 2008. The secretary shall authorize expenditures  
6 from the fund without further appropriation for the purpose of a grant program to improve and enhance the  
7 ability of hospitals and community health centers to serve populations in need, more efficiently and  
8 effectively, including, but not limited to, the ability to provide community-based care, clinical support, care  
9 coordination services, disease management services, primary care services and pharmacy management  
10 services through a grant program. The office shall consider applications from acute hospitals, non-acute  
11 hospitals, and community health centers in awarding the grants; provided, however, that the office shall  
12 publicize the existence of the grant program to eligible providers and shall award grants not later than  
13 September 1, 2007. The criteria for selection shall include, but not be limited to, the following; provided  
14 that, the criteria for selection shall not include a hospital's or community health center's lack of affiliation  
15 with, ownership by, or membership in an integrated health system or parent company:

16       (i) financial performance measures including negative operating margins, insufficient cash flow,  
17 technical bond default and the uncertain ability to cover long-term obligations, as well as potential  
18 for loss of critical community services;

19       (ii) the percentage of patients with mental or substance abuse disorders served by a provider;

20       (iii) the numbers of patients served by a provider who are chronically ill, elderly, or disabled,  
21 provided that in the case of a community health center, that preference be given to the provision of  
22 a Program of All-Inclusive Care for the Elderly;

- 23 (iv) the payer mix of the provider, with preference given to acute hospitals where a minimum of  
24 63 per cent of the acute hospital's gross patient service revenue is attributable to Title XVIII and  
25 Title XIX of the federal Social Security Act or other governmental payors, including  
26 reimbursements from the Uncompensated Care Pool or the Health Safety Net Trust Fund;
- 27 (v) the percentage of total annual operating revenue that received funding in fiscal years 2005 and  
28 2006 from the Distressed Provider Expendable Trust Fund comprised for the provider;
- 29 (vi) the percentage of total annual operating revenue that received funding in fiscal year 2007 from  
30 the Essential Community Provided Trust Fund established pursuant to section 36 of chapter 118G  
31 of the General Laws;
- 32 (vii) the cultural and linguistic challenges presented by the populations served by the provider;
- 33 (viii) a documented critical need for investment in information technology such as Computerized  
34 Physician Order Entry systems but without access to capital to finance such investments; and
- 35 (ix) the provision by a community health center of 24 hour emergency services.
- 36 The secretary may further authorize distributions on an emergency basis to acute hospitals, non-  
37 acute hospitals and community health centers facing extreme financial distress or closure upon petition  
38 from the provider. The emergency funds shall be distributed by the secretary within 2 weeks of petition by  
39 a provider that is determined to be facing extreme financial distress or closure at an amount determined by  
40 the secretary.

#### **MassHealth Provider Supplemental Payments**

1 SECTION 65. The comptroller shall, in consultation with the office of the state treasurer, the  
2 executive office for administration and finance, and the executive office of health and human services,  
3 develop a schedule and make a series of transfers not to exceed \$251,000,000 from the General Fund to the  
4 MassHealth provider payment account in the Medical Assistance Trust Fund established in section 2QQQ  
5 of chapter 29 of the General Laws.

#### **Commonwealth Care Trust Fund and Health Safety Net Trust Fund**

1 SECTION 66. Notwithstanding any general or special law to the contrary, the comptroller shall, in  
2 consultation with the state treasurer, the secretary of administration and finance and the secretary of health  
3 and human services, develop a schedule for transferring funds among the General Fund, the  
4 Commonwealth Care Trust Fund established pursuant to section 2000 of chapter 29 of the General Laws  
5 and the Health Safety Net Trust Fund established pursuant to section 36 of chapter 118G of the General  
6 Laws. Not less than \$770,524,868 shall be transferred from the General Fund to the Commonwealth Care  
7 Trust Fund and not less than \$33,900,000 shall be transferred from the Commonwealth Care Trust Fund to  
8 the Health Safety Net Trust Fund; provided further, that the executive office of health and human services  
9 shall make expenditures required for fiscal year 2008 pursuant to section 122 of chapter 58 of the acts of  
10 2006. The schedule shall provide for transfers in increments considered appropriate to meet the cash flow  
11 needs of these funds. The transfers shall not begin before July 1, 2007 and shall be completed on or before  
12 June 30, 2008. The secretary of administration and finance, in consultation with the secretary of health and  
13 human services and the executive director of the commonwealth health insurance connector, shall on a  
14 quarterly basis evaluate the revenue needs of the health safety net program funded by the Health Safety Net  
15 Trust Fund and the Commonwealth Care subsidized health insurance program funded from the  
16 Commonwealth Care Trust Fund, and if necessary, transfer monies between these funds for the purpose of  
17 ensuring that sufficient revenues are available to support projected program expenditures. The secretary of  
18 health and human services, in consultation with the secretary of administration and finance and the  
19 executive director of the commonwealth health insurance connector, shall submit a quarterly report to the

20 house and senate committees on ways and means and joint committee on healthcare financing which shall  
21 include, but not be limited to, the projected and actual expenditures and revenues for the Commonwealth  
22 Care Trust Fund and any transfers made between the Health Safety Net Trust Fund and the Commonwealth  
23 Care Trust Fund.

#### **Stabilization Fund Transfer**

1 SECTION 67. Notwithstanding any general or special law to the contrary, on or before June 30,  
2 2007, the comptroller shall transfer \$150,000,000 from the Commonwealth Stabilization Fund, established  
3 under section 2H of chapter 29 of the General Laws, to the General Fund.

#### **Suspend Stabilization Fund Annual Transfer**

1 SECTION 68. Notwithstanding any general or special law to the contrary, during fiscal year 2007  
2 and 2008 the comptroller shall not transfer 0.5 per cent of the total revenue from taxes in the preceding  
3 fiscal year to the Commonwealth Stabilization Fund as otherwise required pursuant to clause (a) of section  
4 5C of chapter 29 of the General Laws.

#### **Transfer Stabilization Fund Interest**

1 SECTION 69. Notwithstanding any general or special law to the contrary, the comptroller shall, no  
2 later than June 30, 2008, transfer from the Commonwealth Stabilization Fund to the General Fund the  
3 lesser of: (1) the interest paid on the Commonwealth Stabilization Fund during fiscal year 2008; or (2)  
4 \$75,000,000.

#### **Health Care Security Trust Fund Transfer**

1 SECTION 70. Notwithstanding any general or special law to the contrary, the comptroller shall, not  
2 less than 10 days after the effective date of this act, transfer \$150,000,000 to the General Fund from the  
3 Health Care Security Trust Fund established pursuant to section 1 of chapter 29D of the General Laws.

#### **Transfer Health Care Security Trust Fund Balance**

1 SECTION 71. Notwithstanding any special or general law to the contrary, no later than June 30,  
2 2008, the comptroller shall transfer the balance in the Health Care Security Trust to the State Retiree  
3 Benefits Trust Fund.

#### **Transfer Health Care Quality Improvement Trust Fund Balance**

1 SECTION 72. Notwithstanding any special or general law to the contrary, no later than June 30,  
2 2007, the comptroller shall transfer to the General Fund the balance in the Health Care Quality  
3 Improvement Trust Fund, established by section 2EEE of chapter 29 of the General Laws.

#### **District Attorney Rental Space**

1 SECTION 73. Notwithstanding any general or special law to the contrary, the division of capital  
2 asset management and maintenance shall submit a report to the house and senate committees on ways and  
3 means, not later than January 15, 2008, detailing each district attorney's office use of private rental space.  
4 The report shall include, but not be limited to, the following: 1) the annual cost of leasing private space for

5 each district attorney's office; 2) the existence and availability of any state-owned space within each  
6 district attorney's geographical jurisdiction that could accommodate the minimum square footage needs of  
7 the district attorney's office; and 3) by each district attorney's office, future savings that could be achieved  
8 by relocating any district attorney's office from privately leased space to state-owned space. The division  
9 shall also submit a report to the house and senate committees on ways and means, not later than February  
10 15, 2008, detailing the use of private lease space throughout the trial court. The report shall include, but  
11 not be limited to, the following: (1) the annual cost of private lease space used by the central  
12 administration office of the trial court and any department of the trial court; (2) the existence and  
13 availability of any state-owned space that could accommodate the minimum square footage demands of the  
14 central administration office of the trial court; (3) future savings that could be achieved by relocating the  
15 central administration office of the trial court to 3 Pemberton square in the city of Boston; and (4) future  
16 savings that could be achieved by relocating non-state agencies from state-owned space to accommodate  
17 the minimum square footage demands of the central administration office of the trial court.

### **Task Force to Prevent Campus Violence**

1 SECTION 74. Notwithstanding any special or general law to the contrary, there is hereby  
2 established a special task force in order to examine existing policies, procedures, and programs and make  
3 recommendations to reduce and prevent incidents of campus violence, including, but not limited to, assault,  
4 sexual assault, weapons possession, and homicide on Massachusetts' college campuses. The task force  
5 shall also study and make recommendations on existing communication plans, staffing, and training of  
6 security personnel for each campus.

7 The task force shall be comprised of 13 members, including the house and senate chairs of the joint  
8 committee of higher education, who shall serve as co-chairs of the task force, 1 member to be appointed by  
9 the minority leader of the house of representatives, 1 member to be appointed by the minority leader of the  
10 senate, 2 members to be appointed by the governor, the chair of the board of higher education, 1 member to  
11 be appointed by the president of the university of Massachusetts, 1 member to be appointed by the state  
12 college presidents, 1 member appointed by the community college presidents, 1 student of a university of  
13 Massachusetts, state or community college to be appointed by the board of higher education, the secretary  
14 of public safety, or a designee, and the attorney general, or a designee.

15 The board of higher education shall provide such staff and resources as may be necessary for the  
16 task force to perform its functions. The task force shall convene its first meeting by October 1, 2007, and  
17 file a report, with any legislative or regulatory recommendations, with the clerks of the senate and the  
18 house of representatives by March 1, 2008.

### **Retiree Benefit Liability Study Commission**

1 SECTION 75. There shall be a special commission to investigate and study the commonwealth's  
2 liability for paying retiree health care and other non-pension benefits. The commission shall specifically  
3 examine further legislation necessary to comply with statements no. 43 and 45 of the Government  
4 Accounting Standards Board, a possible amortization schedule to fund the commonwealth's liability, and  
5 alternatively, state borrowing against future tobacco litigation proceeds to fund the commonwealth's  
6 liability. The commission shall consist of the chairs of the joint committee on public service, who shall  
7 chair the commission, the chairs of the house and senate committees on ways and means, or their  
8 designees, the secretary of administration and finance, or his designee, the state treasurer, or his designee,  
9 the state comptroller, or his designee, the executive director of the pension reserves investment  
10 management board, or his designee, the house minority leader, or his designee, the senate minority leader,  
11 or his designee and the executive director of the group insurance commission, or his designee. The  
12 commission shall report its findings and recommendations, including any proposed legislation, to the clerks  
13 of the senate and house of representatives on or before December 1, 2007.

### **Homeowners' Insurance Commission**

1       SECTION 76. There shall be a special commission to review the current state of the homeowners'  
2 insurance market in the commonwealth. The commission shall study the availability and affordability of  
3 property insurance, the relevant rate-driving factors, the cost of reinsurance and the current use of storm  
4 damage prediction data and shall consider any actuarial methods, principles, standards, models or output  
5 ranges that have the potential for improving the accuracy of or reliability of hurricane loss projections. The  
6 commission shall evaluate the potential benefits and disadvantages of the creation of a state-run board on  
7 hurricane loss projection methodology to provide actuarial guidelines and standards for projection of  
8 hurricane losses as well as for a state-run catastrophic event fund.

9       The commission shall consist of: the house and senate chairs of the joint committee on financial  
10 services or their designees, who shall co-chair the commission; the house minority leader, or a designee;  
11 the senate minority leader, or a designee; 1 member of the house of representatives and 1 member of the  
12 senate, both of whom represent Cape Cod or another coastal area of the commonwealth; the secretary of  
13 administration and finance, or a designee; the treasurer, or a designee; the commissioner of insurance, or a  
14 designee, the attorney general or a designee; a representative from the Massachusetts Property Insurance  
15 Underwriting Association; a representative who is a property casualty insurer, chosen by the Massachusetts  
16 branch of the Property Casualty Insurers Association of America, a representative chosen by the  
17 Massachusetts Association of Insurance Agents; a representative chosen by the Reinsurance Association of  
18 America; a representative from the Center for Insurance Research; and a representative from the  
19 Massachusetts Public Interest Research Group. The commission shall conduct no fewer than 4 meetings,  
20 the first of which shall convene not later than July 21, 2007, and it shall hold at least 1 public hearing on  
21 Cape Cod or other coastal area in the commonwealth.

22       Notwithstanding any general or special law to the contrary, the commissioner shall not approve any  
23 rate filing required under section 5 of chapter 175C of the General Laws until after the commission has  
24 filed its report.

25       The commission shall file a report of its findings, including any legislative or regulatory  
26 recommendations, with the clerks of the house of representatives and the senate by October 1, 2007. The  
27 joint committee on financial services shall hold a public hearing on these recommendations not later than  
28 November 1, 2007.

### **Western Massachusetts Public Health Access Commission**

1       SECTION 77. There shall be a special commission to investigate and study the accessibility and  
2 quality of doctors who specialize in obstetric, gynecological and neurosurgical care of women in the 4  
3 western Massachusetts counties. The commission shall consist of the commissioner of the department of  
4 public health, who shall serve as chairperson, the executive director of the board of registration in  
5 medicine, the commissioner of the division of insurance, the commissioner of MassHealth, 3 physicians to  
6 be appointed by the president of the Massachusetts Medical Society, 2 members to be appointed by the  
7 president of the senate, 1 member to be appointed by the minority leader of the senate, 2 members to be  
8 appointed by the speaker of the house of representatives and 1 member to be appointed by the minority  
9 leader of the house of representatives. The commission shall meet no later that October 1, 2007, and shall  
10 report to the general court the results of its investigation and study, and its recommendations, if any,  
11 together with drafts of legislation necessary to carry its recommendations into effect by filing the same with  
12 the clerks of the senate and house of representatives on or before December 1, 2007.

### **Asian American Commission Technical Correction III**

1       SECTION 78. Sections 4 and 44 shall take effect as of August 11, 2006.



### **E911 Surcharge Date Extension III**

1 SECTION 79. Sections 5 and 36 shall take effect on June 30, 2007.

### **Job Growth Initiative II**

1 SECTION 80. Section 11 is hereby repealed.

### **Repeal Health Care Security Trust Fund II**

1 SECTION 81. Section 13 shall take effect on June 30, 2008.

### **Transfer of the Health Safety Net Office to HCFP III**

1 SECTION 82. Sections 22 and 25 shall take effect on October 1, 2007.

### **GPS Technical Change II**

1 SECTION 83. Section 33 shall take effect on December 20, 2006.

### **Job Growth Initiative III**

1 SECTION 84. Section 80 shall take effect on July 1, 2012.

### **Effective Date**

1 SECTION 85. Except as otherwise specified, this act shall take effect on July 1, 2007.